

# V. Relapse Prevention Group

## Introduction

### Goals of Relapse Prevention Group

- Allow clients to interact with other people in recovery.
- Alert clients to the pitfalls of recovery and precursors of relapse.
- Give clients the strategies and tools to use in sustaining their recovery.
- Allow group members to benefit from the long-term sobriety experience of the recovering co-leader.
- Allow the counselor to witness the personal interactions of clients.
- Allow clients to benefit from participating in a long-term group experience.

### Session Format and Counseling Approach

#### *New Member Introductions*

Each 90-minute Relapse Prevention (RP) group meeting begins with new members introducing themselves and giving a brief description of their substance use history. This description should not be detailed or graphic, nor should it be a litany of “war stories.” New members provide basic information such as type of substances used and their reasons for entering treatment. Clients who ramble or provide unnecessary substance use details should be prompted gently to finish their introduction.

#### *Topic Presentation and Discussion*

Following the introductions and during the first 15 minutes of the session, the counselor presents a specific topic in a casual, didactic manner. The counselor then opens up the topic

for discussion by the group for 45 minutes. Over the first hour of the meeting, the counselor ensures that all the important aspects of the topic are covered and that premature digressions from the main topic are avoided. Clients with concerns or questions unrelated to the topic can be assured that the final 30 minutes of the group meeting will be devoted to issues that individual clients are struggling with. The counselor wraps up the discussion period with a reiteration of the session topic and the important issues relevant to it.

### Open Discussion

During the last 30 minutes of each group session, the counselor asks clients whether they have had any recent problems or whether they wish to bring up any matters. Individual clients, particularly those who have been having problems or those who have not participated in the group session, should be encouraged to participate. General questions that usually evoke a response include the following:

- How are things going?
- Are there any new developments with the problem you brought up last time?
- Have you had any cravings?
- If so, how did you handle them?
- How are you planning to stay abstinent this week?

### End of Session

The counselor ties up loose ends, summarizes the discussion, and acknowledges any unresolved issues. Discussion of these issues can be carried over to the next meeting. The counselor can ask clients who during the session mentioned cravings or who appear troubled, angry, or

depressed to stay afterward to talk briefly and to schedule them for individual sessions as soon as possible. All sessions should end on a positive note and with a reminder that what is said in group *stays* in group and a commitment by clients to attend the next RP group meeting.

## **Special Considerations**

Clients who are quiet and uncommunicative may be concealing issues that should be elicited and discussed.

The group provides an opportunity for clients to solicit input from and give encouragement to other group members. The counselor should ask for comments from all clients on the issue being discussed, especially if particular group members have coped with the issue. For example, clients who have moved beyond the protracted abstinence period could be asked to describe how they handled problems they encountered during that time. The counselor should not, however, relinquish control of the group or promote directionless crosstalk about how each person feels about what the others have said. The counselor must maintain the group's focus and direction and be ready to redirect discussions that are moving into redundancy, irrelevance, inappropriateness, or volatility.

The recovering co-leader can be a positive role model, reinforce suggestions, and share advice from experiences. Rather than lecture or talk down to the group, the recovering co-leader should speak in the first person about his or her experiences. The recovering co-leader may be effective in instances where clients are resistant to the counselor's input. In such cases, the co-leader's discussion of what worked for him or her may be offered in a "for what it's worth" manner, with the aim of providing a strategy that worked for one person and the encouragement that comes with knowing that others have succeeded.

## ***Balancing Group Cohesion With Excessive Interdependence***

Along with 12-Step or other mutual-help meetings, the RP group is the most consistent element of Matrix treatment. Each of the initial 16 weeks of treatment features an RP group meeting on Monday and Friday. The frequency and intensity of these group meetings foster interdependence among clients. The resulting bonding and cohesion can support and motivate clients and help sustain treatment involvement. However, balancing clients' responsibility to their fellow group members with the need to take charge of their own recovery can be tricky. The counselor needs to ensure that clients gain support and encouragement from the group without developing exclusive dependence on the group for their abstinence and recovery. Each client should view recovery as a personal achievement that has been supported and encouraged by other group members. If several group members experience relapse, the independence of each client's personal recovery can help prevent relapse contagion, in which relapse seems to spread from member to member of a group like an infectious disease.

The camaraderie and cohesion of an RP group are extremely valuable to the treatment process. However, clients should be cautioned against treatment program romances and outside involvement with other group members (e.g., entering into a business relationship). When they start treatment, clients must sign an agreement to avoid intense relationships outside group. The counselor should remind clients of this agreement and discuss with them the rationale for prohibiting intense personal involvement between group members. If two clients are becoming inappropriately involved, the counselor should meet with them briefly after group to remind them that such relationships are discouraged and to discuss appropriate ways that the clients can handle the situation.

In the first few months of recovery, the main forums for social support in the context of the Matrix method are the RP group and outside spiritual and mutual-help support groups. Clients should be encouraged to find a long-term support system through their involvement in these groups. By attending meetings and socializing with 12-Step members, recovering clients will be able to find a sponsor to help guide their recovery as well as make recovering friends with whom to pursue substance-free activities. To build a vital support system that will help them avoid relapse, clients in early recovery need to expand their network of support beyond the people they meet in treatment to include people with longer term abstinence.

### *Handling Troublesome Client Behaviors*

At times, the counselor may need to intervene assertively in response to specific types of client behavior in the group. This intervention may consist of quieting a client, limiting a client's involvement in the group, or removing a client from the group. Below are some strategies for handling troublesome client behaviors.

**Behavior:** Occupying too much session time with an issue that has been addressed.

**Intervention:** Politely suggest that it is time to allow others to discuss their issues and move on.

**Behavior:** Arguing in favor of behavior that is counter to recovery (e.g., using, dropping out of group, using self-control instead of avoiding triggers) after receiving repeated feedback.

**Intervention:** Point out the futility of these sorts of approaches in light of the realities of addiction and the experience of others. If the client continues along the same lines, ask him or her to listen and not to speak for the remain-

der of the group; this client's concerns should be discussed individually after the group meeting.

**Behavior:** Making threatening, insulting, or personally directed remarks; behaving in a manner obviously indicative of intoxication.

**Intervention:** Take the client out of the group, and let the recovering co-leader lead the group. Have a brief individual session with the difficult client, or have another counselor intervene. Be sure that the client has calmed down before leaving him or her. Arrange for transportation home, if the client cannot drive or get home safely.

**Behavior:** Having a general lack of commitment to treatment, as evidenced by poor attendance, resistance to treatment intervention, disruptive behavior, or repeated relapses.

**Intervention:** Reassess and adjust the treatment plan in an individual or conjoint session with the uncommitted client. If the client agrees not to show up intoxicated or engage in inappropriate behavior, he or she can be allowed to attend the meeting but should be asked to listen and not to speak. The client should be given some discussion time at the end of this session, contingent on appropriate behavior.

### *Addressing Drug Dreams During Recovery*

It is not unusual for clients in recovery to have frequent and intense dreams about substance use. The counselor should reassure clients that these dreams—which can be frightening—are a normal part of recovery. Stimulant use interferes with normal sleep patterns; when people stop using substances, vivid dreams are part of the brain's recovery process. Intense dreams of substance use can produce feelings that persist into the waking day and can act as triggers for use. Clients who have detailed dreams about

using should be alert to the added risk of relapse during the ensuing day. The counselor should encourage clients to express their concerns about drug dreams during the open discussion period of RP sessions. However, clients should be discouraged from describing their dreams of using in detail because they may act as triggers for other clients. If, during a group session, a client mentions having dreamed about using substances, the counselor should have clients look at handout RP 33—Drug Dreams During Recovery and go over it with them. The handout discusses how drug dreams affect early (0–6 weeks), middle (7–16 weeks), and late (17–24 weeks) recovery and provides some suggestions to help clients address the issue of drug dreams. This handout also can be used to supplement RP sessions that focus on triggers and cravings (e.g., sessions 3, 9, 11, 13, 16, 18, and 21).

### *Rational Brain Versus Addicted Brain*

The RP group session descriptions use the metaphorical struggle between a client's *rational brain* and *addicted brain* as a way to talk about recovery. The terms rational brain and addicted brain do not correspond to physiological regions of the brain, but they give clients a way to conceptualize the struggle between the desire to stay committed to recovery and the desire to begin using stimulants again.

### *Adapting Client Handouts*

Client handouts are written in simpler language than the session descriptions for counselors. The client materials should be understandable for someone with an eighth grade reading level. Difficult words (e.g., *abstinence*, *justification*) are occasionally used. Counselors should be prepared to help clients who struggle with the material. Counselors should be aware that handouts will need to be adapted for clients with reading difficulties.

### **Session Descriptions**

Pages 92 through 165 provide structured guidance to the counselor for organizing and conducting the RP group sessions. Figure V-1 provides an overview of the RP sessions.

Following the presentation of the 32 RP sessions are descriptions of 3 elective sessions that can be used as substitute sessions whenever the counselor deems appropriate. For example, Elective Session B addresses the difficulties clients may face around major holidays, such as Christmas or the Fourth of July. The counselor may wish to substitute this session for 1 of the 32 regular sessions if a holiday is approaching. The handouts indicated in all the RP session descriptions are provided after the session descriptions for the counselor's use and are duplicated in the *Client's Handbook*.

**Figure V-1. Relapse Prevention Sessions Overview**

<b>Session Number</b>	<b>Topic</b>	<b>Content</b>	<b>Pages</b>
<b>1</b>	Alcohol	Clients learn how alcohol can jeopardize recovery. Clients discuss and plan for situations in which they are likely to drink.	92–93
<b>2</b>	Boredom	Clients learn that boredom in recovery is to be expected and will diminish over time. Clients discuss activities to help alleviate boredom.	94–95
<b>3</b>	Avoiding Relapse Drift	Clients learn about relapse drift and discuss things that anchor their recovery.	96–97
<b>4</b>	Work and Recovery	Clients learn how their work life affects their recovery and explore ways to balance work and recovery.	98–99
<b>5</b>	Guilt and Shame	Clients learn to distinguish between guilt and shame and discuss ways to cope with each.	100–101
<b>6</b>	Staying Busy	Clients learn that idle time can be a trigger and discuss how scheduling activities can help them avoid relapse.	102–103
<b>7</b>	Motivation for Recovery	Clients learn that the same motivation that brought them to treatment may not sustain them. Clients discuss new motivations and strategies for staying abstinent.	104–105
<b>8</b>	Truthfulness	Clients learn that although truthfulness is not always easy, it is integral to successful recovery. Clients discuss the consequences and benefits of always telling the truth.	106–107
<b>9</b>	Total Abstinence	Clients learn that substance use of any kind will cloud their decisionmaking and endanger recovery. Clients discuss changes they must make to eliminate all substance use.	108–109
<b>10</b>	Sex and Recovery	Clients learn that impulsive sex can be a form of dependence and can lead to relapse. Clients discuss the ways that stable relationships can contribute to recovery.	110–111
<b>11</b>	Anticipating and Preventing Relapse	Clients learn to recognize the warning signs of relapse and explore strategies for avoiding relapse.	112–113
<b>12</b>	Trust	Clients learn the necessity of restoring lost trust and discuss ways to cope with being suspected of continued substance abuse.	114–115
<b>13</b>	Be Smart, Not Strong	Clients learn that recovery is not a test of will but of commitment and smart planning. Clients discuss the efficacy of their approach to recovery.	116–117



**Figure V-1. Relapse Prevention Sessions Overview**  
(continued)

Session Number	Topic	Content	Pages
14	Defining Spirituality	Clients explore the difference between spirituality and religion and discuss ways that spiritual beliefs can support recovery.	118–119
15	Managing Life; Managing Money	Clients identify aspects of their life that have been neglected and explore ways to manage their lives responsibly.	120–121
16	Relapse Justification I	Clients learn about relapse justification. Clients discuss justifications to which they are susceptible and formulate plans to counter them.	122–123
17	Taking Care of Yourself	Clients learn the importance of self-esteem to recovery and explore aspects of their lives that require change.	124–125
18	Emotional Triggers	Clients learn that emotions can act as triggers and discuss tools that will help them avoid dangerous emotions.	126–127
19	Illness	Clients learn that becoming ill can be a trigger and discuss ways to keep their recovery on track when they are sick.	128–129
20	Recognizing Stress	Clients learn the threat that stress poses to recovery. Clients discuss how to identify and cope with stressful situations.	130–132
21	Relapse Justification II	Clients learn that moving closer to relapse (e.g., to test the strength of their recovery) is dangerous. Clients explore strategies to resist relapse justifications.	133–135
22	Reducing Stress	Clients are reminded that stress can endanger their recovery and discuss strategies to reduce stress.	136–137
23	Managing Anger	Clients learn that anger can be a trigger. Clients discuss ways to recognize and address a buildup of anger.	138–139
24	Acceptance	Clients learn that accepting their substance use disorder is not a sign of weakness. Clients explore strengths to rely on.	140–141
25	Making New Friends	Clients learn that abstinent friends can support their recovery. Clients discuss people who can serve as supportive friends and how to meet them.	142–143

**Figure V-1. Relapse Prevention Sessions Overview**  
(continued)

Session Number	Topic	Content	Pages
<b>26</b>	Repairing Relationships	Clients learn the importance of making amends and discuss how to address people who refuse to forgive them.	144–145
<b>27</b>	Serenity Prayer	Clients learn to distinguish between things that can be changed and those that cannot. Clients discuss things in their lives that they will change.	146–147
<b>28</b>	Compulsive Behaviors	Clients learn what compulsive behaviors are and how they can endanger recovery. Clients discuss ways to recognize and eliminate compulsive behaviors.	148–149
<b>29</b>	Coping With Feelings and Depression	Clients learn to recognize their emotional responses, especially signs of depression. Clients explore strategies for coping with depression.	150–152
<b>30</b>	12-Step and Mutual-Help Programs	Clients learn how 12-Step and mutual-help programs support recovery. Clients explore the variety of 12-Step and mutual-help programs available.	153–155
<b>31</b>	Looking Forward; Managing Downtime	Clients learn that boredom can be a relapse trigger. Clients discuss ways to break the monotony of recovery.	156–157
<b>32</b>	One Day at a Time	Clients learn to avoid feeling overwhelmed by the past and explore strategies for focusing on the present.	158–159
<b>Elective Session A</b>	Client Status Review	Clients learn that establishing a regular pattern of self-review will help support recovery. Clients discuss areas in which they need to improve.	160–161
<b>Elective Session B</b>	Holidays and Recovery	Clients learn that holidays pose risks for recovery and discuss ways to alleviate the added stress that comes with holidays.	162–163
<b>Elective Session C</b>	Recreational Activities	Clients learn how new hobbies and pursuits can help support recovery. Clients discuss old hobbies they would like to pick up again or new pursuits they wish to try.	164–165

## Session 1: Alcohol

### Goals of Session

- Help clients understand that alcohol is a substance whose use can jeopardize recovery.
- Help clients identify the situations in which they are most likely to drink.
- Help clients plan for those situations so they can remain abstinent.

### Handout

- RP 1—Alcohol

### Presentation of Topic (15 minutes)

#### *1. Understanding the Effects of Alcohol on the Brain*

Because alcohol affects the rational, reasoning part of the brain, people who are drinking are especially ill equipped to evaluate the detriments of drinking and the benefits of quitting. Drinking also lessens people's inhibitions and makes them feel less self-conscious, more sociable, and more sexual. Some clients will have to address the fact that they have used alcohol to make themselves feel comfortable in social situations. Some clients may have to address the fact that sexuality is linked with alcohol for them. Clients who are accustomed to consuming alcohol in social or sexual situations may find that, for a time, these activities are uncomfortable without alcohol.

#### *2. Being Alert for External and Internal Triggers for Drinking*

Alcohol consumption is a significant and pervasive part of U.S. culture. Clients who are trying to stop using alcohol face a difficult struggle. External triggers bombard clients; consumption of alcohol is assumed to be the norm, especially at social functions and celebrations. It is hard for clients to go through a typical day without coming across many reminders—both cultural and personal—of alcohol. Advertisements, movies, and TV shows link drinking with being happy, popular, and successful. Clients encounter colleagues, friends, and family members with whom they used to drink and pass by bars or liquor stores that they used to frequent.

Internal triggers also pose problems for clients. Depression, anxiety, and loneliness are all characteristic of recovery. These emotional states also are cues to drink for many people. Facing the emotional fallout from quitting other substances, clients feel justified in turning to alcohol to “relieve” their mental state. It is difficult for clients to realize that alcohol may be responsible for their depression or other emotional problems.

#### *3. Preparing for Situations Involving Alcohol*

Drinking often accompanies certain activities: wine with dinner, a beer at the game, a drink after work. Alcohol also is integral to celebrations such as parties and weddings. For some clients, alcohol seems to be an inextricable part of these activities; they cannot conceive of enjoying certain activities without drinking. Not drinking may mean that clients feel left out of the fun, less cool. It is important for clients to know that they will have these feelings and to prepare for them. Clients should be encouraged to think about ways of celebrating that do not involve alcohol. If they know that being around others who are drinking will make them feel left out, clients should avoid such situations until their recovery is well underway.



## Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 1—Alcohol.
- Ask clients who already have covered the material to recall the discussion of triggers from Early Recovery Skills (sessions 2 and 3) and share what they learned about external and internal triggers with the group. The recovering co-leader can share his or her experiences with triggers.
- Ask clients to discuss what people, places, situations, and mental and emotional states act as triggers for them.
- Survey clients' success at stopping drinking. How many have tried? How many have succeeded?
- Ask clients to recall a time when they saw that someone else's judgment was affected by drinking. What does this tell them about their ability to make smart decisions about recovery while they still are drinking?
- Encourage clients to discuss ways they have become dependent on alcohol in social situations. (Note: Although it is important for clients to discuss their experiences, the counselor should ensure that clients do not detour into elaborate descriptions of substance use that could act as triggers.)
- Ask clients how they can prepare themselves for situations in which they formerly used alcohol.
- Urge clients to think about situations to avoid if they are to remain abstinent.
- Ask clients what changes they can make in their celebrations with family and friends to remain abstinent.

The counselor should end this portion of the group session by reassuring clients that everyone who stops drinking must work through the same difficulties. The longer clients are abstinent, the easier it will be for them to manage these difficult situations.

## Open Discussion (30 minutes)

Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

## Homework

To prepare for abstinence, instruct clients to use their journal or pages 6 and 7 of their *Client's Treatment Companion* to solidify their plans. Ask clients to write down situations that pose the greatest threat to their sobriety and, for each situation, detail three alternatives to help them avoid drinking.

## Session 2: Boredom

### Goals of Session

- Help clients understand that boredom poses a risk to their recovery.
- Help clients understand that the situation will improve with time.
- Help clients identify new activities and techniques that will help them through their boredom.

### Handout

- RP 2—Boredom

### Presentation of Topic (15 minutes)

#### *1. Understanding the Risk Boredom Poses*

Boredom is a precursor to relapse. For many clients, boredom is a trigger: when they were bored, they would use. Unless clients take some action, the boredom—and the relapse risk that accompanies it—will not dissipate. To have a successful recovery, clients must continue to make progress. Standing still can mean losing ground. Clients need to take action to combat the inertia that boredom represents.

#### *2. Understanding the Reasons for Boredom*

Some of the boredom clients feel can be attributed to the shift from a substance-using to a substance-free lifestyle. When contrasted with the emotional highs and lows of substance use, an abstinent life can seem dull. The brain still is adjusting to the lack of substances. While the brain heals, clients may feel listless or bored. The period from 2 to 4 months into recovery (known as the Wall) is often characterized by emotional flatness and boredom. Finally, the structure clients must impose to have a successful recovery may not offer them the short-term emotional rewards of a substance-using lifestyle.

It is important for clients to know that, as their body and mind adjust to recovery, boredom will become less of an issue.

#### *3. Addressing Boredom*

There are several ways clients can reduce feelings of boredom. The skills clients learn in the Early Recovery Skills group can be put to use. For example, scheduling every hour of every day helps clients identify unplanned sections of time that can be used to explore interesting activities. Starting new hobbies or picking up interests that were abandoned while clients were using is a good way to defeat boredom. Some clients schedule something that they can look forward to: a long weekend, a visit with family, a concert, a movie. It also may help clients to discuss their feelings of boredom with a spouse, loved one, or trusted friend. Starting new friendships with substance-free people met through 12-Step or mutual-help groups also can help alleviate clients' boredom. (The counselor should remind clients that intense personal involvements—including romantic or sexual relationships—among group members are discouraged.)

The danger of boredom during recovery is that it encourages clients just to float along. Before they know it, clients can drift from abstinence into relapse. The most important thing clients can do is take an

active role in their recovery. Engaging in some kind of process and working toward a goal—taking up a hobby, planning a vacation, starting a friendship—also help clients move toward their recovery goals.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 2—Boredom.
- Ask clients whether they are having trouble with boredom. When did they first notice it?
- Ask what actions clients have taken to counter boredom.
- Ask the recovering co-leader to share his or her experiences with boredom.
- Ask clients to list new activities they have tried or might try to help them during recovery. How have these activities affected or will they affect their recovery?
- Survey the clients to learn how many are scheduling activities. Ask them to share how scheduling has helped them.
- Ask clients what kinds of activities they can plan and anticipate to help them counter boredom.
- Remind clients that although structure is important to recovery, sometimes boredom results from too *much* routine. People who are stuck in a boring rut can be heading toward relapse. Boredom can indicate that clients are not challenging themselves enough in their daily lives. Encourage clients to try new things that will advance their personal growth and bolster their recovery.
- Ask the recovering co-leader to share with clients the activities and techniques that helped him or her defeat boredom.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients keep a record of their emotional states, staying vigilant for signs of boredom.

## Session 3: Avoiding Relapse Drift

### Goals of Session

- Help clients understand the process of relapse drift.
- Help clients identify things in their lives that are anchoring their recovery.
- Help clients identify things that must be avoided because they threaten to send clients into relapse drift.

### Handouts

- RP 3A—Avoiding Relapse Drift
- RP 3B—Mooring Lines Recovery Chart

### Presentation of Topic (15 minutes)

#### *1. Understanding How Relapse Drift Can Lead to Relapse*

In the group session on boredom (RP session 2) clients learned that boredom can be a sign that they are not taking an active role in their recovery, that they are just going with the flow. Relapse drift is the process by which people slide from abstinence to relapse without even realizing what is happening. A useful comparison is that of sailors who anchor a boat before going to sleep below decks. If the anchor is not properly set, the boat will drift away during the night; the sailors wake up to find they are in unfamiliar waters, far from their safe anchorage.

Although relapse may feel like a sudden occurrence—an unforeseeable disruption of recovery—often it is the result of a gradual movement away from abstinence that is so subtle clients can explain it away or deny responsibility for it. Relapse rarely occurs without warning signs. Clients need to remain vigilant for signs of relapse. (In Early Recovery Skills session 7, these early warnings of relapse were referred to as addictive behaviors.)

#### *2. Understanding the Importance of Mooring Lines*

People who are successful in recovery find ways to remain abstinent. Pursuing certain activities or avoiding certain people and situations becomes essential to maintaining recovery. Identifying these recovery-supporting behaviors and checking to make sure they are in place also are essential to maintaining abstinence. These recovery-supporting behaviors are the “mooring lines” of people in recovery. They keep clients anchored in recovery and alert them to the first signs of relapse drift. Clients need to examine their recovery process and identify their mooring lines. Doing so allows them to list and monitor the things that are anchoring their recovery.

#### *3. Monitoring Mooring Lines*

To monitor their mooring lines, clients need to identify them and list them as specifically as possible. Merely listing “Exercise” is not as helpful to the client as listing “Ride bike for at least 30 minutes, 4 times a week.” Likewise, listing a friend as a mooring line is not as helpful as writing “Talk on the phone with Louisa once a week.” Clients should avoid listing attitudes or things that are not quantifiable as

mooring lines. Although a feeling of optimism may help clients stay abstinent, it is not easy to monitor. The goal is to have clients make a list of activities or behaviors whose presence or absence they can note. Detailed, concrete listings give clients better indications of whether their mooring lines are secure.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to read handout RP3—Avoiding Relapse Drift and complete handout RP3B—Mooring Lines Recovery Chart before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 3A—Avoiding Relapse Drift. Cover any aspects of the topic that were not addressed in the didactic portion of the session.
- Go over handout RP 3B—Mooring Lines Recovery Chart. Give clients 5 to 10 minutes to complete this chart.
- Ask clients to share the activities, behaviors, and people they identified as mooring lines.
- Have clients explain how one of their mooring lines helps keep them abstinent and secure in their recovery.
- Ask the recovering co-leader to share his or her experience with mooring lines. Have they stayed the same over time? Or has the co-leader added new mooring lines as recovery has progressed?
- Ask clients to share the activities, behaviors, and people they must avoid if their recovery is to remain anchored.
- Ask clients how often they will check their mooring lines. It is recommended that they check them at least weekly.
- Review with clients the steps they can take if they realize that more than two of their mooring lines are missing and they are drifting toward relapse.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Instruct clients to check their mooring lines once before the next RP session.

## Session 4: Work and Recovery

### Goals of Session

- Help clients understand how their work life affects their recovery.
- Help clients examine possible solutions to problems that work poses to their recovery.

### Handout

- RP 4—Work and Recovery

### Presentation of Topic (15 minutes)

#### *1. Understanding Conflicts Between Work and Recovery*

Recovery takes a total commitment from clients, yet few people can afford to ignore their jobs or stop job-hunting and focus solely on their recovery. As a result, many clients experience conflicts between employment issues and recovery. Some conflicts may be difficult to resolve; it is important to acknowledge conflicts that exist and work toward solutions.

#### *2. Finding Balance Between Work and Recovery*

Although the four work situations on the handout RP 4—Work and Recovery are very different, some general principles can help clients address them. Because treatment must coexist with work, clients may have to find ways to cut back on their work commitments to incorporate all the activities and demands of recovery. Finding this balance may require employees to request that their work schedules be adjusted.

Clients who are in jobs that contributed to their substance use problem (e.g., where other people use substances or where the client is paid in cash) face a dilemma. Clients may feel that it is better to quit such a job, yet major change or upheaval is not recommended during the first 6 months to a year of recovery. Unemployment may seem preferable if the job poses risks to relapse. However, without the structure of and income from work, clients may have difficulties committing to recovery.

Although it is unpaid, recovery is work in a real sense. And recovery may be more important to clients' happiness and success than their paying work. Clients should be encouraged to devote as much time and effort as they can to their recovery.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 4—Work and Recovery.
- Ask clients to share which of the work situations best fits them. Are there other situations that are not listed on the sheet that apply?



- Ask what compromises and changes clients have made to find time for recovery.
- Ask the recovering co-leader to share his or her experience with balancing work and recovery. Has striking that balance gotten easier as recovery has progressed?
- Allow clients to debate the pros and cons of leaving a job that is obstructing recovery.
- Ask clients whether they have worked with their bosses or their company's employee assistance program to make it easier to commit to treatment activities.
- Ask whether there are clients in the group who opted for intensive outpatient treatment over inpatient treatment because of the demands of their jobs.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Ask clients to examine their commitment to recovery and come up with two new strategies for effectively balancing work and recovery.

## Session 5: Guilt and Shame

Note: This topic should not be used when there is a client attending his or her first RP group session. If there is a client new to the group, the counselor should choose a different topic for the session so that a new member is introduced to the group with a less daunting subject.

### Goals of Session

- Help clients understand the difference between guilt and shame.
- Help clients learn strategies for coping with guilt and shame.

### Handout

- RP 5—Guilt and Shame

### Presentation of Topic (15 minutes)

#### *1. Differentiating Guilt From Shame*

Guilt refers to feeling bad about things one has done or failed to do. For example, one might feel guilty for cheating on a spouse or for neglecting to keep promises to a child. Shame goes beyond a response to a specific action or behavior. Shame means feeling bad about who one is—a belief that one is defective or unworthy.

Feelings of guilt and shame are often part of people's responses to substance abuse. But it is important for clients to distinguish between the two. Guilt can be a useful reaction in recovery, indicating to clients that they have done something that goes against their value system. Guilt can motivate clients to seek forgiveness and make amends for the pain and trouble they have caused others. However, if clients are convinced they are bad people, they may feel unworthy of recovery and feel that they have a license to use substances. Shame can be an impediment to abstinence.

#### *2. Addressing Feelings of Guilt and Shame*

Both guilt and shame can erode a client's self-esteem and self-confidence. Focusing on negative feelings can cause clients to turn to substance use to alter their mood or to escape. Clients should be reminded that their substance abuse is not related to their being bad or weak. To stay abstinent, clients need to be smart and work hard, and part of being smart and working hard is understanding their feelings. What things do they feel guilty about? What has contributed to their feelings of shame? Clients may need time to work through feelings of guilt and shame. Clients need to give themselves time to feel better about themselves and their behaviors. Talking about feelings of guilt and shame also may help clients, as can making amends.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their

responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 5—Guilt and Shame.
- Ask clients to list the things that they feel guilty for doing and for neglecting to do.
- Remind clients that it is all right to have made mistakes; they cannot change the things they did in the past. Ask whether they are able to forgive themselves for past mistakes.
- Have clients discuss the difference between moving past guilt by forgiving themselves and simply letting themselves off the hook.
- Ask the recovering co-leader to share his or her experience of overcoming guilt. How did the co-leader balance the need to take responsibility for past actions with the need to forgive those actions?
- Have clients discuss how they can get over feelings of guilt and shame. What positive behaviors can they engage in that will aid this process?
- Ask clients who are attending 12-Step or mutual-help meetings whether guilt and shame have been discussed in meetings. Ask how these discussions have been helpful.
- Ask the recovering co-leader to discuss how mutual-help fellowship has helped him or her cope with guilt and shame.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Encourage clients to think about people from whom they may need to ask forgiveness. How will they approach these people? What can they do to put things right with the people they have hurt?

## Session 6: Staying Busy

### Goals of Session

- Help clients understand the importance of scheduling activities.
- Help clients understand how idle time can be a trigger to use.
- Help clients learn and share strategies for scheduling and staying busy.

### Handout

- RP 6—Staying Busy

### Presentation of Topic (15 minutes)

#### *1. Understanding the Importance of Scheduling and Structure to Recovery*

Most clients in this session already will have been introduced to the practice of scheduling in the Early Recovery Skills group (Early Recovery Skills session 1). However, the structure that scheduling provides is so important to recovery that the principle should be reviewed here. Clients are reminded that many people who abuse substances organize their days around procuring, using, and recovering from the substances. Without these activities to structure their time, many people with a substance use disorder feel a void or sense of loss. Finding new activities and new ways to occupy their time and replace that sense of loss is a major component of recovery for clients. It is important for clients to write down their schedules. Schedules that exist only in one's head are too easy to revise or abandon. When clients are making their schedules, special attention should be paid to weekends and other times clients feel they are particularly vulnerable to substance use.

#### *2. Understanding How Free Time Can Act as a Trigger*

Because using was a habitual activity for clients, their minds gravitate back to thoughts of using if they have nothing to do and nowhere to go. Then, the thought–craving–use process begins, and clients are on their way to relapse. Being alone also can be a trigger for clients. Before they entered treatment, many probably isolated themselves from friends and loved ones when they used. For this reason, it is important not just that clients schedule substance-free activities but that these activities involve other people who are living a substance-free life (e.g., people clients meet at mutual-help meetings) or are committed to the clients' recovery (e.g., family members and friends).

#### *3. Incorporating New Activities and New People*

Even clients who are committed to recovery can miss aspects of a substance-using lifestyle. Scheduling activities and staying busy are ways to keep clients engaged in their new lives without substance use. Some clients are interested sufficiently by picking up old hobbies or activities; others need the increased interest that is generated by new activities and new acquaintances. Although the focus of their lives must be recovery, clients are encouraged to think of recovery as a time to try something they have put off: volunteering, taking up a new sport, learning to play a musical instrument.

## **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 6—Staying Busy.
- Ask clients to think about how unfilled time and an unoccupied mind can act as triggers.
- Ask whether clients have felt tempted to use when they had too much free time on their hands. How did they respond?
- Ask the recovering co-leader to share his or her strategies for staying busy to keep recovery on track.
- Ask clients whether they always used in groups or tended to use alone. Discuss the dangers of being alone for those who tend to isolate themselves.
- Ask clients what activities have helped them stay busy and stay abstinent since they stopped using.
- Solicit suggestions from clients for hobbies or activities they would like to try that they feel will help them stay abstinent.
- Ask clients whether they have made new friends through mutual-help meetings. What activities have they pursued outside meetings?

## **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Instruct clients to make a wish list of activities they would like to pursue. The lists could include activities that they learned about from other clients in the group.

## Session 7: Motivation for Recovery

### Goals of Session

- Help clients understand that the motivation that brought them into treatment may change as they progress in treatment.
- Help clients recognize new motivations and strategies for staying abstinent.
- Help clients identify benefits from recovery.

### Handout

- RP 7—Motivation for Recovery

### Presentation of Topic (15 minutes)

#### *1. Understanding That Reasons for Staying in Treatment Evolve Over Time*

Clients know that they must remain steadfast in recovery. This knowledge may lead some to believe that their motivation for remaining abstinent must always be the same. It does not matter what brings clients into treatment in the first place. What is important is what motivates clients to stay abstinent each day. The counselor might remind clients that, although staying abstinent is a lifelong goal, they can achieve it only hour by hour and day by day. Clients may find that their reasons for staying abstinent change over time. Some clients may realize this for the first time as a result of handout RP 7 and the ensuing discussion.

#### *2. Using New Strategies as Motivations Evolve*

Clients may enter treatment because they are afraid of what will happen if they do not stop using substances. Clients may find that if they focus on staying abstinent, their initial motivation for not using drugs and alcohol will evolve into a personal, internal desire to maintain their new lives.

#### *3. Remaining Abstinent Long Enough To See the Benefits of Recovery*

When clients have been abstinent long enough to experience the benefits that abstinence brings, the desire to see those benefits persist becomes a powerful motivator for clients to stay in recovery. Clients are able to address problems with family, friends, and employment that resulted from substance abuse. In place of feeling the shame and having the self-defeating attitude that characterize many people who abuse substances, clients now can take pride in their abstinence and their new lives.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.



- Go over handout RP 7—Motivation for Recovery.
- Ask clients what assumptions they made about the various motivations for starting treatment listed on RP 7—Motivation for Recovery. Which motivations *seem* the strongest?
- Ask clients to discuss the reasons that brought them to treatment.
- Ask whether the same things are motivating them today that motivated them when they started treatment.
- Ask what motivates clients to stay in treatment and be abstinent now.
- Ask the recovering co-leader to discuss how his or her motivations evolved from the start of treatment.
- Ask clients whether they feel that they are running out of reasons for staying in treatment.
- Ask the group to suggest reasons for staying abstinent and in treatment.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Ask clients to add to the list of current motivations they made during this session. Instruct them to identify three more reasons for them to stay in treatment.

## Session 8: Truthfulness

### Goals of Session

- Help clients understand that substance dependence and truthfulness are irreconcilable states.
- Help clients acknowledge that truthfulness will not always be easy.
- Help clients understand that continued truthfulness is integral to successful recovery.

### Handout

- RP 8—Truthfulness

### Presentation of Topic (15 minutes)

#### *1. Understanding That Substance Dependence Is Based in Unreality and Recovery Is Based in Truth*

Substance dependence represents an escape from the realities of life, a flight from responsibility, and a denial of consequences. Maintaining a substance-abusing lifestyle requires people to lie and make excuses continually. Entering recovery represents the first step toward acknowledging the truth of substance dependence. To be successful, recovery must continue to be grounded in truth. This means not just that clients acknowledge that they have a substance use problem but also that they make a commitment to behave truthfully with the people in their lives.

#### *2. Understanding the Difficulties Posed by Truthfulness*

Often it is hard for clients to be honest with themselves about their substance abuse. Having taken the step to enter treatment and be truthful with themselves, they now face the more daunting task of being honest with those around them. Being honest with friends and loved ones can be harrowing. Clients risk driving away friends and alienating family members when they give an honest account of their actions while they were using. Clients may be embarrassed to admit their actions. Loved ones may be offended by clients' blunt approach to truth telling.

The RP group is a good place for clients to get used to telling the truth. Other group members may take offense, but that, too, provides good practice for addressing the responses of family members and friends.

#### *3. Understanding That Recovery Cannot Be Successful Without Truthfulness*

If clients choose to be in treatment without being totally truthful, they have not committed fully to recovery. It is as if by continuing to deceive and be less than truthful, these clients are holding back, refusing to become involved fully in their recovery.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group.

The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 8—Truthfulness.
- Ask clients to make an honest assessment of the ways they were dishonest when they were using. Encourage them to look beyond obvious lies and discuss ways in which they misled people or let them believe something that was not true.
- Discuss the limits of truth telling. What types of things should clients be sure they are always honest about? Are there situations in which it is all right *not* to be completely honest?
- Ask clients to think about the consequences of telling the truth to friends and family members. Does the prospect of doing so upset them?
- Ask the recovering co-leader to discuss his or her experiences of telling the truth to friends and family members.
- Ask whether clients are experiencing difficulty telling the truth in group.
- Ask what problems clients have encountered. What positive experiences have come from being honest?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Encourage clients to speak truthfully about their substance abuse with a friend or family member before the next RP group meeting.

## Session 9: Total Abstinence

### Goals of Session

- Help clients understand that they need to stop using alcohol and *all* mood-altering drugs.
- Help clients understand that continued substance use will cloud their decisionmaking and endanger recovery.

### Handout

- RP 9—Total Abstinence

### Presentation of Topic (15 minutes)

#### *1. Understanding the Connection Between Alcohol and Other Substance Use and Relapse to Stimulants*

Substance abuse clouds judgment and throws lives out of balance. People and things that had been priorities before a person became substance dependent—family, friends, work—often get ignored as substance abuse takes precedence. To put their lives back into balance and to reorient their priorities, clients need to be able to think and act clearly. Stopping stimulant use is an important part of this process. But continued use of marijuana, another drug, or alcohol can jeopardize this process.

Clients may not think these other substances pose a problem. Some may even argue that occasional use of alcohol or marijuana helps them cope with the stress of stopping stimulant use. Clients need to be convinced that any substance use will interfere with their brain's ability to heal and their mind's ability to reason clearly. Any substance use interferes with recovery. However, the counselor makes it clear that clients should continue to take prescribed medications required to treat chronic physical or mental disorders.

#### *2. Understanding That It Is Not Possible To Learn How To Cope Without Stimulants if Clients Turn to Alcohol or Marijuana or Other Substances To Escape*

The counselor reminds clients that they signed an agreement not to use any substances when they began treatment. Even if clients have not used stimulants during treatment, use of alcohol or other mood-altering substances is a way of avoiding a full commitment to recovery. By continuing to use substances, clients are hedging their bets, using alcohol or marijuana as an escape hatch in the event that recovery is too hard. Clients lessen their chances of successful recovery for stimulant dependence if they continue to use alcohol and other substances, even once in a while. Alcohol use makes relapse to stimulant use eight times more likely; marijuana use makes relapse three times more likely (Rawson et al. 1995).

### Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 9—Total Abstinence.
- Ask clients to share their responses to the “no substance use” agreement they signed on admittance to treatment.
- Ask whether clients find themselves coming up with justifications for drinking or getting high. What are these justifications?
- Ask whether some clients have come to appreciate the logic of ceasing all substance use. What changed their minds?
- Ask the recovering co-leader to discuss his or her experiences with the “no substance use” policy.
- Ask clients to think about what changes they have made or will have to make in their lives to eliminate use of alcohol and marijuana (e.g., get rid of all the alcohol in the house, ask family members or housemates not to bring home pot, advise loved ones that they have stopped drinking and getting high).
- Ask clients who have stopped all substance use to share with the group reasons why total abstinence is a good idea.

### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### Homework

Instruct clients to list the steps they will take to begin totally abstinent recovery. Ask clients who are already in compliance with the “no substance use” agreement to list reasons they will maintain total abstinence. Clients can use their journals or pages 8 and 9 of their *Client’s Treatment Companion*.

## Session 10: Sex and Recovery

Note: This topic should not be used when there is a client attending his or her first RP group session. If there is a client new to the group, the counselor should choose a different topic for the session so that a new member is introduced to the group with a less sensitive and intimate subject.

### Goals of Session

- Help clients understand distinctions between intimate sex and impulsive sex.
- Help clients understand that impulsive sex can be a form of dependence and can lead to relapse.
- Help clients appreciate the importance of stable relationships.

### Handout

- RP 10—Sex and Recovery

### Presentation of Topic (15 minutes)

#### *1. Understanding What Distinguishes Intimate Sex From Impulsive Sex*

The counselor should anticipate that this topic will be met with some nervous laughter and joking from clients. This response may be unavoidable. However, the counselor and recovering co-leader need to take a serious approach to the topic and maintain a serious atmosphere during discussion.

The distinction between intimate and impulsive sex depends on the relationship with the sexual partner. Intimate sex is a caring act that takes place in the context of a relationship. It is an extension of the feelings that two people have for each other. Impulsive sex is a selfish act in which the sexual partner is being used to achieve a type of high. The feelings of the partner are irrelevant. Impulsive, selfish sex need not even involve another person; excessive masturbation is a form of impulsive sex.

Counselors should ensure that all clients understand that they run the risk of contracting HIV/AIDS and other sexually transmitted diseases if they engage in impulsive and unprotected sex.

#### *2. Understanding How Impulsive Sex Can Act as a Trigger for Substance Use*

For some clients, impulsive sex was linked with substance use before they came into treatment. They usually would have sex when they were using. Other clients may turn to impulsive sex to achieve a kind of high after they have stopped using substances. In both cases, impulsive sex is a trigger for substance use and can lead to relapse. Clients even can become dependent on impulsive sex just as they were dependent on substances.

#### *3. Understanding How Intimacy and Stable Relationships Can Support Recovery*

Many components of a stable relationship also are important to a successful recovery. Clients who have relationships characterized by trust, honesty, and support should find it easier to participate fully



in recovery activities, support others in group sessions, and be truthful about their lives. A stable relationship that includes intimate sex can help support recovery.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 10—Sex and Recovery.
- As the discussion begins, be sure to keep the group focused on the importance of these issues to recovery.
- Ensure that clients understand the difference between impulsive sex and intimate sex.
- If clients are not in a relationship, help them determine whether they need a period of celibacy to support their recovery. For some clients, sex and stimulant use are so intertwined that any feelings of arousal can act as a trigger. With abstinence from substances, the connection between arousal and stimulant use will diminish.
- Ask clients to discuss the connection between impulsive sex and substance use in their lives.
- Ask clients to discuss rewarding, caring relationships they have had or currently have.
- Ask what features of these relationships help support clients' recovery.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients list specific ways they can make their current relationship more caring, supportive, and intimate. If clients are not in a relationship, ask them to focus on ways to improve their next relationship.

## Session 11: Anticipating and Preventing Relapse

### Goals of Session

- Help clients understand what relapse is and how it develops.
- Help clients recognize the warning signs of relapse.
- Help clients develop strategies for avoiding relapse.

### Handout

- RP 11—Anticipating and Preventing Relapse

### Presentation of Topic (15 minutes)

#### *1. Understanding That Staying Abstinent Is Different From Deciding To Stop Using Substances*

The decision to stop using substances and enter treatment is important. But having decided once to stop using, clients must now decide every day not to *start* using again. Now that they have stopped using and are in treatment, clients need to be vigilant about signs of relapse. Using is familiar and comfortable behavior; clients' bodies and minds will want to return to using. So clients must anticipate and prevent relapse.

#### *2. Learning To Recognize Emotional Buildup and Addictive Behaviors*

Being on guard for relapse means that clients are attuned to their physical and emotional well-being. Persistent, nagging emotions (e.g., boredom, anxiety, irritability, depression) or physical symptoms (e.g., insomnia, headaches) often can serve as triggers in the relapse process. Likewise, clients may find themselves engaging in the behaviors that used to accompany their substance abuse (e.g., lying, stealing, acting compulsively). These addictive behaviors are like an alarm bell; they tell clients that a relapse is on the way unless the clients take action.

#### *3. Enacting a Plan To Avoid Relapse*

Clients need to plan in advance how they will intervene when they are at risk of relapse. Different interventions work for different clients. Common actions that help are talking with a trusted friend or family member, going to a mutual-help meeting, talking to a counselor, exercising, or doing something to move out of a rut, such as taking a day off from work. Clients should think about what will work for them and be prepared to put their plan into action at the first sign of a relapse.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 11—Anticipating and Preventing Relapse.
- Make sure clients understand what relapse is and appreciate the importance of relapse prevention.
- Ask clients to describe the activities that they engaged in when they were using. These are addictive behaviors. Have these behaviors crept back into their lives?
- Ask the recovering co-leader to give examples of addictive behavior from his or her experience.
- Emotional buildup may be a difficult concept for clients to grasp. Ask the recovering co-leader to describe how emotions can build up and lead to relapse.
- The concept of addictive thinking will be addressed further in two sessions on relapse justification. For now, have clients discuss justifications for engaging in behaviors that could lead to relapse.
- Ask clients what indications of an impending relapse they will look out for.
- Ask clients to share their plans for avoiding relapse. Encourage them to be specific about their plans.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Ask clients what they are doing on a regular basis to avoid relapse. Have clients record the steps they are taking to avoid triggers and stop thoughts of using.

## Session 12: Trust

### Goals of Session

- Help clients understand the role that trust plays in their relationships.
- Help clients understand the necessity of restoring lost trust.
- Help clients cope with suspicions of continued substance abuse.

### Handout

- RP 12—Trust

### Presentation of Topic (15 minutes)

#### *1. Understanding the Damage That Substance Abuse Does to Trusting Relationships*

People who use substances often find themselves concealing their behavior from those they care about with deceit and lies. If the substance abuse comes to light, the people who have been lied to often have a hard time trusting the person who has been deceiving them. Once trust has been violated, it is not easy to win back. Trust that has been earned over years can be demolished with a single act. And it may take a long time to convince people that the person who destroyed their trust is worthy of being trusted again.

#### *2. Restoring Trust in Relationships*

The only way for clients to rebuild trusting relationships with those they have wronged is by staying abstinent and making amends for the harm they have done. The process of restoring the trust is more laborious than the blow that brought it down. Clients cannot expect their friends and family members to believe that they will remain abstinent. Clients have to provide evidence that they can be trusted again.

#### *3. Coping With Suspicions of Continued Substance Use*

Earning back people's trust can be a frustrating process. Clients may feel that they have been abstinent long enough for their loved ones to trust them again. However, clients must understand that restoring trust does not happen on the clients' schedule. Rebuilding a trusting relationship may take time, even if both parties are committed to the process. Clients should be prepared to cope with the frustration that comes from being suspected of using even though they have not done so.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 12—Trust.
- Ask clients to discuss relationships that they have damaged by losing the trust of others.
- Ask clients whether they can work to rebuild these relationships.
- Ask clients to put themselves in the shoes of someone whose trust they violated. Encourage them to empathize with that person. How might it feel for clients to have their trust taken from them?
- Ask the recovering co-leader to discuss a relationship that was damaged by substance abuse and how he or she is working to restore the other person's trust.
- Ask clients to discuss how they will respond if their loved ones are suspicious of them even though clients have stopped using and are doing their best to repair damaged relationships.
- Ask clients what they can do, in addition to staying abstinent, to earn back the trust of those they care about.
- Ask clients how they will respond if some relationships are severely damaged, if it seems that the lost trust cannot be restored.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients list three positive ways in which they can respond to a loved one who refuses to trust them even though the clients have remained abstinent.

## Session 13: Be Smart, Not Strong

### Goals of Session

- Help clients understand that recovery is not mainly a test of will, but of commitment and smart planning.
- Help clients understand the importance of avoiding triggers and relapse situations.
- Help clients assess the efficacy of their approach to recovery.

### Handout

- RP 13—Be Smart, Not Strong

### Presentation of Topic (15 minutes)

#### *1. Understanding That Substance Dependence Is Stronger Than the Individual*

When people become dependent on a substance, chemical processes are at work on a biological level that cause cravings. Clients cannot conquer these cravings merely by an assertion of will anymore than they can concentrate and make feelings of hunger disappear. With longer abstinence, cravings will fade. The physical processes that clients set in motion when they became dependent on stimulants are stronger than their willpower. Most people who come into treatment have tried very hard on their own not to use. But quitting is not just a matter of deciding not to use and then gritting one's teeth. It requires clients to be smart and make plans to remain abstinent.

#### *2. Understanding the Importance of Avoiding Triggers to Abuse and Likely Abuse Situations*

No matter how strong clients' desire to remain abstinent, wanting to be abstinent is not enough by itself. People who are able to stop using and stay abstinent do so by being smart. Clients need to use the relapse prevention skills they learn in these sessions and in Early Recovery Skills sessions to ensure that they are avoiding triggers and relapse situations. Clients should take a hard, honest look at the people, emotions, and situations that are linked to their substance abuse, make a list of these triggers, and then make a commitment to avoid them. Likewise, clients should analyze situations for their risk potential. If a group of friends always winds up at a bar, clients need to avoid that group of friends. If substances are prevalent at a certain club, clients need to avoid that club.

#### *3. Assessing How Well Prepared Clients Are To Avoid Relapse*

Clients need to have an accurate idea of how smart their approach to recovery is. Avoiding triggers and relapse situations is not all there is to recovery. But doing these things helps support the complete lifestyle change necessary for a solid recovery. The more skills clients have at their disposal to help them avoid triggers and prevent relapse, the stronger their recovery will be. The techniques clients learn in Early Recovery Skills sessions should be thought of as tools to use to stay abstinent. For recovery to be successful, clients need to have as many tools in their toolboxes as possible.



## Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 13—Be Smart, Not Strong.
- Ask clients whether the statements at the top of the handout sound familiar.
- Ask clients to discuss the difference between being strong and being smart, in the context of recovery.
- Ask the recovering co-leader to discuss his or her experience with trying to be strong and being smart.
- Have clients calculate their Recovery IQ.
- Review the various techniques listed on the chart. Do clients understand the importance of all these techniques?
- Ask clients what they can do to work on the techniques they currently are not practicing.

## Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## Homework

Have clients choose 1 of the 11 relapse prevention techniques for which they rated themselves fair or poor and describe how they will work to improve that rating. Clients can write in their journals or on pages 10 and 11 of their *Client's Treatment Companion*.

## Session 14: Defining Spirituality

Note: Clients may have passionately held beliefs about religion and spirituality. This session is not designed to change clients' ideas about religion. The goal is to provide clients a constructive way to approach 12-Step meetings and recovery that is not explicitly religious. Because the material is potentially contentious, the counselor may want to take a few moments at the start of this session to remind clients to be respectful of one another.

### Goals of Session

- Help clients understand the difference between religion and spirituality.
- Help clients explore their beliefs so they can understand better what will bring them happiness.
- Help clients see that success in recovery can be bolstered by spiritual beliefs.

### Handout

- RP 14—Defining Spirituality

### Presentation of Topic (15 minutes)

#### *1. Understanding That Spirituality Is About Inner Strength and Peace, Not Necessarily About Belief in God*

Spirituality has been shown to be an important component in recovery. It occupies a prominent place in 12-Step and mutual-help programs. It should be expected that some clients will have objections to this part of the recovery process. Some may feel that spirituality equates with belief in the Christian God and excludes people of other faiths. Some may feel that it is a sign of weakness to look for help outside themselves. Some may feel that their struggle with substance abuse is physical and cannot be aided by appealing to God. These clients should be reassured that spirituality is not the same as organized religion and does not always involve belief in God. Likewise, including spirituality as an aspect of recovery is not a sign of weakness. Clients' spirituality should be seen as a source of strength that they may not be using.

#### *2. Assessing What Spirituality Means for Individual Clients*

Many people are more concerned with the physical aspects of their lives than with the spiritual aspects. During recovery, clients should examine the quality of their spiritual lives. Spirituality can be a source of strength, but clients first must understand what spirituality means to them and how it affects their lives. The goal is for clients to find a source they can draw on for inner strength and peace—a quiet satisfaction—that supplants their desire to abuse substances.

#### *3. Linking Spirituality With 12-Step or Mutual-Help Groups*

Along with fellowship, spirituality is the foundation of 12-Step and mutual-help programs. Clients who are closed off to the spiritual aspects of recovery have a hard time benefiting from these recovery groups. Twelve-Step programs invoke a higher power and often close with the Serenity Prayer. Clients who are uncomfortable with a strictly religious meaning of the prayer can think of these elements in the broadest terms: higher power can refer to the inner source of strength provided by spirituality, and

the Serenity Prayer can be thought of as a wise saying about achieving inner peace rather than as a supplication to God.

Twelve-Step and mutual-help groups are not the only means to incorporate spirituality into one's life. The counselor should be familiar with other supportive options that may be better suited to clients, depending on their values, religion, or culture.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 14—Defining Spirituality.
- Have clients discuss the four definitions of spirituality provided plus additional definitions that clients may suggest. It is important for clients to understand that spirituality may include one or more of the definitions listed on the handout. In other words, clients should not be led to believe that the first response listed is wrong.
- Ask the recovering co-leader to share what spirituality means to him or her. How has spirituality played a part in the co-leader's recovery?
- Encourage clients to be honest and detailed in their responses to the four questions on the handout. The questions are personal, but all clients in the group can benefit from listening to one another's honest appraisals of the spiritual aspects of their lives.
- Clients who use spirituality to help themselves achieve inner peace and support their recovery should be encouraged to share their experiences. What has helped these clients? Meditation? Reading certain writers or philosophers? Keeping a journal?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Encourage clients to attend a 12-Step, mutual-help, or spiritually oriented meeting before the next RP session. Have them focus on the spiritual aspects of the meeting that they can apply to their recovery.

## Session 15: Managing Life; Managing Money

### Goals of Session

- Help clients identify important, practical areas in their lives that they have been neglecting.
- Help clients prioritize aspects of their lives.
- Help clients make a plan to be responsible about managing their lives.
- Help clients understand the importance of taking “baby steps.”

### Handout

- RP 15—Managing Life; Managing Money

### Presentation of Topic (15 minutes)

#### *1. Understanding How Substance Dependence Encourages Irresponsibility*

People who are substance dependent spend much of their time and energy preparing to use, using, and recovering from using. People who are abusing substances narrow their world until most activities not related to substance use are excluded. They neglect the normal day-to-day activities that are necessary for a healthy and satisfying life.

People in recovery need to widen their view. They need to stop focusing on substance abuse and take all aspects of their lives into account. Clients can think about entering recovery as an end to the tunnel vision of substance dependence. Now, instead of focusing on a tiny portion of their lives and being surrounded by darkness, as in a tunnel, clients can lift their heads and see the full panorama of their lives.

#### *2. Understanding the Necessity of Bringing Life Back Into Control if Recovery Is To Be Successful*

People who are substance dependent often spend their time and money in irresponsible ways. Along with deciding to stop abusing substances, clients need to decide to use their time and money more wisely because these practices go a long way in determining quality of life. Exercising discipline in how they spend time and money helps support clients in their recovery. Behaving responsibly also helps them move beyond the guilt and shame they experienced as a result of abusing substances.

#### *3. Understanding the Importance of Setting Goals To Be Responsible in Daily Living*

The newfound awareness of all that they had been neglecting can be overwhelming to people in recovery. The counselor should reassure clients that they are capable of taking up long-forgotten responsibilities and getting on with their lives. Setting reasonable goals is integral to reassuming responsibilities. Taken together, home repairs, debts, taxes, and court dates may seem like too much for anyone to handle. Clients should prioritize the things they need to accomplish—set a goal that they can achieve, achieve the goal, and then move on to the next goal.

#### 4. Understanding the Importance of Taking “Baby Steps”

Clients often want to do too much too early in their recovery. The counselor should stress that clients need to set small, manageable goals to avoid becoming overwhelmed and placing their recovery at risk.

#### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 15—Managing Life; Managing Money.
- Ask clients to discuss the ways in which their lives were out of control when they were using.
- Ask clients what changes they have made since entering treatment that have helped them regain control.
- Ask clients whether they are still struggling with problems related to daily life. What are they?
- Ask clients to determine which problems to tackle first.
- Ask the recovering co-leader to recount how he or she regained control of daily activities.
- Ask clients whether they have changed how they handle money since they have entered treatment.
- Ask clients what plans they have for opening a savings account and paying off debts.
- Ask the recovering co-leader to share how he or she regained control of finances.

#### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

#### Homework

Have clients write a step-by-step plan for achieving one of their financial goals. Clients can write in their journals or use pages 14 and 15 of their *Client’s Treatment Companion*.

## Session 16: Relapse Justification I

### Goals of Session

- Help clients understand what relapse justification is.
- Help clients identify the justifications to which they are susceptible.
- Help clients formulate plans to counter relapse justifications.

### Handout

- RP 16—Relapse Justification I

### Presentation of Topic (15 minutes)

#### *1. Understanding the Dangers Posed by Relapse Justifications*

Relapse justifications narrow the distance between abstinence and relapse so that it is easier for people in recovery to go back to using. A relapse justification can seem harmless. A client's addicted brain may be telling him it is OK to hang out at a club where he used to use. The client is not intending to use when he goes out, but he makes relapse much more likely by giving himself permission to go to the club. Another example is a woman who reasons that it is fine to go out with her old using friends because they all know she is in recovery now and say they are supportive. Her addicted brain convinces her she is reconnecting with old friends who say they want to help, but she also is placing herself in a situation that makes relapse a distinct possibility.

#### *2. Understanding Specific Justifications to Which Clients Are Susceptible*

Relapses often *seem* to come out of nowhere. However, the addicted brain of a person who has entered recovery recently is often busy making dangerous behaviors seem reasonable. This happens at a sub-conscious level. Using a substance as a response to a certain event (e.g., a fight with a spouse, the loss of a job) seems to be an automatic process. But the justification was ready, just waiting for the right set of circumstances to emerge. Clients need to understand and anticipate the situations in which they are vulnerable to relapse justifications. Knowing their weaknesses in advance allows clients to halt the automatic process that leads from event to justification to relapse.

#### *3. Addressing Specific Situations That Might Lead to Relapse*

Relapse justifications are hard to avoid. Clients still may feel a physiological craving for the substance until their minds and bodies are fully healed. Addicted brains will try to push clients to respond to situations in ways that put them at risk. Although the justifications may pop into clients' minds, clients need to use their rational brains to resist relapse justifications and choose behaviors that support recovery. The counselor should encourage clients to recognize the justifications that have worked against them in the past and find safer responses to those dangerous situations. Clients should plan what they will say if, for example, friends they formerly used with call to invite them out. Having a plan allows clients to avoid hesitating, then being cajoled into going along. Clients should consider making a list of potential relapse situations and determining how to avoid them in the future.

## **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 16—Relapse Justification I.
- Ask whether clients have tried to stop using before and ended up relapsing. How did the relapses occur? Did they seem to come out of the blue?
- Ask clients to discuss the relapse justifications to which they feel especially vulnerable.
- Have the recovering co-leader discuss experiences with relapse justifications, both the times when relapse occurred and the times when anticipating a potential relapse situation helped prevent relapse.
- Have clients discuss specific catastrophic events and negative emotions that make them more likely to use. Are there events and emotions not listed on the worksheet that are troublesome?
- Ask clients whether they are more vulnerable to relapse from positive or negative emotions.
- Have clients discuss specific relapse justifications their addicted brains have used on them.

## **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Have clients identify a relapse justification, write a description of it, and script a response that will help them avoid relapse.



## Session 17: Taking Care of Yourself

### Goals of Session

- Help clients understand the importance of taking care of themselves.
- Help clients understand the importance of self-esteem to recovery.
- Help clients identify aspects of their lives that require change.

### Handout

- RP 17—Taking Care of Yourself

### Presentation of Topic (15 minutes)

#### *1. Understanding the Ways in Which Taking Care of Themselves Can Aid Clients' Recovery*

One of the many things clients can do to support their recovery is boost their self-esteem. Client's substance abuse may have resulted partly from low self-esteem; low self-esteem also can be one of the effects of substance dependence. Clients can get caught in a downward spiral in which they feel bad about their lives, so they use. Using confirms that their lives have little value, which lowers their self-esteem and leads to more substance abuse.

Clients in treatment have stopped their substance use, but they also need to break the cycle of low self-esteem and begin to see value in their lives and themselves. Looking after their health and grooming helps clients respect themselves. Clients who respect themselves have more of an investment in their future and in succeeding in recovery.

#### *2. Prioritizing Aspects of Life That Require Change*

Some people can make a lot of changes to their lives at once and be successful. However, most people need to take major life changes one step at a time. Most clients need to prioritize their changes, first making those that are most urgent. Overdue visits to the doctor and the dentist probably should come before other lifestyle changes. Even before clients implement any changes, they already will have begun to take control of their lives by prioritizing the changes they need to make. As clients begin to address their health and grooming, the whole process of reclaiming their self-esteem gathers momentum. After clients have visited a doctor for a checkup, they are more likely to eat right and exercise. When their diet and fitness are under control, clients are more likely to pay attention to their clothes and hygiene.

The counselor might draw connections between the concerns raised in this session and those raised in Session 15: Managing Life; Managing Money. The counselor should help clients see that staying healthy, managing finances, paying attention to personal grooming, and attending to the responsibilities of day-to-day living are part of the larger picture of recovery. As was noted in session 15, however, the counselor should ensure that clients do not feel overwhelmed by this larger picture. They can address one aspect of their lives at a time and gradually fill in the larger picture.

## **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 17—Taking Care of Yourself.
- Make sure that clients understand that self-esteem can help support recovery.
- Ask clients how they felt about their self-esteem when they were using.
- Ask clients whether they feel more self-respect now that they are in treatment and abstaining from substance use.
- Ask the recovering co-leader to discuss the changes in his or her self-esteem from the period of substance dependence to treatment and recovery.
- Ask clients to identify and discuss the areas of their lives that need particular attention.
- Have each client propose and share with the group a plan to address the most important area in his or her life.

## **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Have clients write their plans for addressing the first thing they need to do to take better care of themselves. Encourage them to be as detailed as possible.

## Session 18: Emotional Triggers

### Goals of Session

- Help clients understand how certain emotions can act as triggers.
- Help clients examine and understand their emotions.
- Help clients identify tools that will help them avoid emotions that can act as triggers.

### Handout

- RP 18—Emotional Triggers

### Presentation of Topic (15 minutes)

#### *1. Learning To Look Out for Dangerous Emotional Triggers*

Each client probably has emotional triggers that are unique to him or her. Feelings that might lead to relapse for one client may not cause the same response in others. For example, some clients are at greater risk of relapse when things are going well than when negative emotions arise. But some emotions are dangerous triggers for most clients: loneliness, anger, and feeling deprived. If clients are feeling these emotions, they should be aware that they are at a higher risk of relapse. Loneliness arises because clients often feel isolated—they cannot hang out with using friends, and other friends and family may not be ready to trust them again. Anger is a consequence of the frustrating struggle to remain abstinent. Clients may begin to feel deprived because the life of partying with friends that they left behind for abstinence and recovery begins to look appealing. These feelings of deprivation are a signal that clients are very vulnerable to relapse.

#### *2. Ensuring That Certain Emotions, if Encountered, Do Not Lead to Relapse*

Like relapse justifications, some emotions may seem to lead automatically to substance abuse. Clients need to understand their emotional responses and know which ones put them at increased risk of relapse. As was discussed in Early Recovery Skills session 7, it is important for clients to be able to separate emotions from behavior. The goal is for clients to examine their emotions in the abstract so that they can experience a negative feeling without having it result in substance abuse. In this way, clients' rational minds, not their emotions, control their behavior.

#### *3. Using Strategies for Understanding Emotions and Avoiding Relapse*

One of the best ways for clients to gain a better understanding of their emotions and how they respond to them is by writing about their feelings. Some clients already may be keeping a journal or writing in a diary. Others may be new to the practice. For both groups, the process of writing about a problem to understand it better can be beneficial. This is focused writing; clients should write with a specific emotional question or issue in mind. The writing process itself, though, should be fluid. This often is called free writing; the writer does not let punctuation, penmanship, or spelling stop the flow of ideas. Clients do not need to write for a long time; they just need to write honestly and focus on the question they decided to address. When they have finished writing, they should go back and read what they have written, returning to it several more times in subsequent days.

## Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 18—Emotional Triggers.
- Ask clients which emotions make them feel most vulnerable to relapse.
- Ask clients to recall times when one of these emotions seems to have *caused* a relapse.
- Ask clients whether they have experienced loneliness and anger and felt deprived since they have been in treatment.
- Ask clients whether emotions have acted as triggers. If so, how did they respond?
- Have the recovering co-leader share how he or she became more aware of these “red flag” emotions (e.g., loneliness, anger, feeling deprived). How did that awareness help the co-leader avoid relapse?
- Ask clients whether they have kept a diary or a journal or written about their problems.
- Ask clients how this process has helped them.
- Ask the recovering co-leader to share his or her experience with writing about emotional problems as a way to avoid relapse.
- Ask clients what other strategies they have used to try to understand their emotions better.

## Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## Homework

Have clients set aside 15 minutes to write about an emotional problem that has been troubling them.

## Session 19: Illness

### Goals of Session

- Help clients understand that becoming ill can be a relapse trigger.
- Help clients understand the importance of engaging in healthful behaviors.
- Help clients understand the importance of being responsible about recovery, even during illness.

### Handout

- RP 19—Illness

### Presentation of Topic (15 minutes)

#### *1. Understanding That Fighting a Physical Illness Takes Energy and Focus Away From Recovery*

Illness can be a major setback to recovery. Missing treatment sessions at the clinic and skipping mutual-help meetings can let clients slip toward relapse. However, clients also should be aware that sickness poses more subtle relapse risks. Early Recovery Skills session 8 (in which some clients already may have participated) points out that people are vulnerable to relapse when they are tired. (This concept should be familiar to clients who have attended 12-Step meetings.) Sickness saps the physical and mental energy clients need to maintain abstinence.

#### *2. Taking Responsibility for Preventing Illness and Maintaining Recovery*

Clients should view staying healthy in the same way they view avoiding triggers. Doing their best not to get sick should be regarded as an important goal in clients' recovery, especially early in recovery. The same behaviors that help ward off sickness also support recovery in general. Clients should be sure to get enough sleep, eat healthful meals, exercise regularly, and minimize the stress in their lives. They also should avoid activities that will leave them fatigued or prone to illness (e.g., excessive work, elective surgery).

#### *3. Keeping Recovery on Track Even During Periods of Illness*

No matter how healthful a lifestyle clients lead, everyone gets sick at some point. It is important for clients to recognize early on when they are getting sick so they can be on the alert for thoughts and feelings that might lead to relapse. The unstructured time alone that is part of being sick can be a trigger for some people. Being sick also can encourage relapse justifications. For example, clients may think, I can't *stop* myself from getting sick; it's out of my control, just like my substance use. Or clients might use because at a time when they do not feel good, they think substance use will help them feel better. Clients also may slide into relapse because typical behavior is suspended when people are sick. Without the structure of work and responsibilities, it is easier for clients to set aside their commitment to remain abstinent.

Because illness can be a relapse trigger, clients should ensure that they get the rest and medical attention they need to recover. If clients seek medical attention, they should be sure to inform the

doctor that they are in recovery so the doctor can take this into consideration if prescribing medication. Clients should do all they can to minimize the amount of time they are ill. Getting healthy will allow them to return to their regular recovery activities (e.g., attending treatment sessions, going to mutual-help meetings, following their scheduled activities) more quickly.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 19—Illness.
- Ask whether any client has been sick since entering treatment. Was it hard to maintain abstinence while sick?
- Ask clients what recovery activities they abandoned when they were sick. What effect did this have on their recovery?
- Ask the recovering co-leader to share his or her experiences with being sick during early recovery. How did he or she remain abstinent when faced with diminished mental and physical energy?
- Ask clients to discuss their current approach to maintaining good health. Are they regularly eating healthful meals? Are they exercising three or four times a week?
- Ask the recovering co-leader to discuss the importance of diet and exercise to his or her recovery.
- Ask clients to plan for illness. Do they usually get sick during certain times of the year (e.g., flu in the winter, allergies in the spring)? They should be thinking ahead and preparing for the times when they are sick. What can they do to limit the amount of time they are sick? What can they do to keep their focus on recovery, even if they are tired?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients list the ways in which their lifestyles are unhealthful and measures they can take to live a healthier life.

## Session 20: Recognizing Stress

### Goals of Session

- Help clients recognize signs of stress in their lives.
- Help clients understand the threat stress poses to recovery.
- Help clients identify strategies to cope with stress.

### Handout

- RP 20—Recognizing Stress

### Presentation of Topic (15 minutes)

#### 1. Recognizing Signs of Stress

The prevalence of the term “stress” has tended to empty it of specific meaning; clients may equate stress with worry, anxiety, nervousness, tension, or other similar words. Stress refers to an accumulation of concerns that unbalances a person’s life. Stress represents an overload that throws people’s lives out of equilibrium. People complain about stress so much that clients may assume it is a fact of modern life about which they can do little. However, clients need to recognize the signs of stress and minimize the effects that it has on their lives. Stress makes it harder for clients to remain abstinent and focused on recovery. It is easy for people to become accustomed to a certain level of stress and not even be aware of its presence until physical warning signs appear.

Clients should be on the alert for the following warning signs of stress:

- |                               |                               |
|-------------------------------|-------------------------------|
| ■ Irritability                | ■ Constant fatigue            |
| ■ Difficulty communicating    | ■ Memory problems             |
| ■ Sleep disturbances          | ■ Disorientation or confusion |
| ■ Headaches                   | ■ Difficulty making decisions |
| ■ Weight loss or gain         | ■ Depression                  |
| ■ Tremors or muscle twitching | ■ Apathy                      |
| ■ Gastrointestinal problems   |                               |

These are the warning signs that clients may not be able to handle the level of stress in their lives. Staying committed to recovery is more difficult when stress reaches high levels.

#### 2. Understanding That Stress May Indicate That Clients Are Trying To Do Too Much

Stress can result when people place excessive demands on themselves. People in recovery often want to try to live a perfect life or make up for the damage they have done when they were substance dependent. They take on too much responsibility or too much work in too short a time, and their recovery suffers. An example is an employee who often missed work because of substance abuse



now putting in a lot of overtime to compensate. Clients should be reminded that it is important to balance the various aspects of their lives and that recovery needs to come first. If they are too busy and are experiencing stress that could distract them from their recovery, they may need to back away from some other obligations.

### 3. Coping With Stress

RP session 22 will address ways to help clients reduce stress in various areas of their lives. For now, clients should know that many of the practices they explore in Early Recovery Skills and Relapse Prevention sessions also will help reduce stress. Exercise is an excellent way to manage stress. Scheduling activities helps impose order and exerts control over clients' lives. Talking with supportive friends and mentors (e.g., participating in mutual-help groups) helps manage stress levels. Being aware of triggers and staying alert for relapse help keep recovery on track and help clients understand themselves better. Being mindful of how one conducts one's life is key to reducing stress.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 20—Recognizing Stress.
- Ask clients to discuss how they know they are experiencing stress in their lives. What physical or emotional changes do they notice?
- Sometimes people are unaware of signs of stress that are obvious to others. Ask clients whether they have noticed signs of stress in other group members.
- Ask clients whether they think there is an acceptable level of stress. Is *some* stress unavoidable in today's world?
- Ask the recovering co-leader to share his or her experience of recognizing and coping with stress during recovery.
- Ask clients how they coped with stress when they were abusing substances.
- Ask clients whether they are experiencing different types of stress now that they are in recovery.

### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed

the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Have clients list two sources of stress in their lives, the emotional or physical signs of stress, and the danger the stress poses to their recovery.

## Session 21: Relapse Justification II

### Goals of Session

- Help clients understand the processes by which relapse justifications lead to relapse.
- Help clients understand that moving closer to substance use is never a good idea.
- Help clients identify strategies to resist relapse justifications.

### Handout

- RP 21—Relapse Justification II

### Presentation of Topic (15 minutes)

#### *1. Recognizing That Overconfidence in Personal Strength Is Dangerous*

Often, after several weeks of abstinence, clients begin to feel that their substance dependence is under control. This is called the Honeymoon—usually weeks 3 through 7 of recovery. (Clients who have already participated in Early Recovery Skills session 5 will be familiar with this term and concept.) Clients begin to have more energy during this time and may begin to feel more positive about recovery. An optimistic approach to recovery is welcome, but it can prompt some clients to think their substance dependence is “cured.”

Clients who feel that they are in control of their substance use disorder are vulnerable to relapse; they may try to test the strength of their recovery by putting themselves in situations where drugs are prevalent. They may go to a club or call up friends they formerly used with. Overconfident clients also may decide that it is all right to try just a little bit of the substance they were dependent on, just to prove to themselves that they have conquered their problem.

#### *2. Remembering That for Recovery Being Smart Is Part of Being Strong*

Although it is true that it requires personal strength to stop taking drugs and to remain abstinent, clients cannot rely on this strength in all situations. Clients who try to test themselves as discussed above are relying exclusively on their willpower rather than their intelligence. Some clients feel that only by getting close to substance use and not using will they be able to gauge their recovery. But the most important measurement in recovery is abstinence. Anything that moves clients closer to using and farther from abstinence is a bad idea. Clients' willpower might fail them, but sticking to a smart plan for abstinence will help clients maintain their recovery.

#### *3. Countering Relapse Justifications*

Relapse justifications abound. Clients will be able to think of a lot of reasonable-sounding excuses for why they should use again. No matter how clients try to rationalize using, the end point of all justifications is relapse, with the danger of a return to life driven by substance abuse.

A good way for clients to short circuit the connection between relapse justification and relapse is to anticipate likely relapse situations and plan their responses. Each client knows best the relapse justifications to which he or she is susceptible and how his or her addicted brain has been successful in the past. Some people might not be swayed at all by the temptation to hang out with old using friends or to use drugs as part of a celebration. But the notion of drinking while watching a sporting event or testing their willpower by trying a little of the drug on which they were dependent formerly might seem very appealing. Clients need to be honest with themselves about their vulnerabilities and plan detailed responses to specific relapse justifications.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 21—Relapse Justification II.
- This session is a continuation of RP session 16. If necessary, return to the description of session 16, and review what relapse justification is.
- Ask clients whether they have entered the Honeymoon stage of recovery. Do they feel as if they have their substance use problem under control now? What are the inherent dangers in feeling this way?
- Personal strength *is* part of recovery. But clients should rely on being smart, not strong, to maintain their recovery. Ask clients to discuss this idea. How much of their recovery is the result of personal strength? How much is the result of being smart? How do clients balance being strong with being smart?
- Ask the recovering co-leader to discuss his or her experiences with the relapse justifications listed on the handout.
- Celebrations may pose particular challenges to recovery for many clients. Celebrations are usually public events, and drinking or other substance use often is expected. Ask clients how they plan to handle, for example, a toast at a wedding, when friends and strangers are encouraging them to take a drink.
- Have clients discuss specific strategies and responses they can use when confronted with relapse justifications.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients identify a relapse justification, write a description of a dangerous relapse situation, and script a response that will help them avoid relapse. (Clients who have already participated in RP session 16 should address a different scenario.)

## Session 22: Reducing Stress

### Goals of Session

- Help clients understand that stress can affect recovery adversely.
- Help clients identify the aspects of their daily lives that are stressful.
- Help clients identify strategies to reduce stress.

### Handout

- RP 22—Reducing Stress

### Presentation of Topic (15 minutes)

#### *1. Understanding the Risk Posed by Accumulation of Daily Stress*

Clients who enter treatment have added major stressors to their lives. In addition to the stress of stopping all substance use, clients must handle the demands that treatment places on their time, their families, and their emotions. Faced with these imposing sources of stress, clients may be less attuned to the accumulation of daily stress in their lives. A previous RP session (session 20) addressed ways for clients to recognize signs of stress. It is important for clients to be alert to signs of stress so that they can prevent a buildup of stressors that will put their recovery in jeopardy. Energy that is sapped by coping with stress is energy that cannot be directed toward recovery.

#### *2. Focusing on Signs of Stress*

Clients should be encouraged to undertake a thorough examination of their lives, looking for signs and sources of stress. They might approach this task as they would taking an inventory, checking each aspect of their lives (e.g., family, work, friends) for stressors. Minimizing stress is important to recovery. Clients should make this survey of stressors a regular practice.

When clients are experiencing stress, they need to find a way to relax. Often, physical activity helps people minimize stress. Stretching, deep breathing, exercise, even a brief walk help defuse stress. Clients need to explore various options for reducing stress, find out what works for them, and then use that intervention when they feel stress.

#### *3. Making Changes to Daily Life To Reduce Stress*

It may help clients to have a few general strategies that they can apply to minimize stress in their lives:

- **Moderation.** One useful strategy is to do things in moderation; balance is always important to a healthy, happy life, but never more so than during recovery. Clients need to ensure that they do not experience large swings in physical energy from sleeping too much or not enough, from overeating or eating infrequently, from exercising too much or not at all, or from ingesting too much caffeine or sugar.

- **Management.** A second strategy that clients may find useful is planning ahead (scheduling) and breaking down goals into small steps that can be tackled one at a time. This practice helps clients assert control over their lives. The feeling that events in life are not under control can be a major source of stress.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 22—Reducing Stress.
- Ask clients how they know when they are coping with a stressful situation. How does stress manifest itself physically? Emotionally?
- Ask clients what long-term effects of stress they have observed in their lives.
- Ask clients about their techniques for relaxing when they are in a stressful situation. What techniques work for them?
- Ask clients how they work to minimize the stress that enters their lives. Have they tried applying the principles of moderation and management?
- Ask the recovering co-leader to share his or her experiences coping with and minimizing stress.
- Ask clients whether they make it a habit to reflect quietly on their lives. This can be meditation, prayer, writing in a diary, or just taking a few minutes before going to sleep. But it is important for clients to think about their lives and calmly address the things that produce stress.

### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### Homework

On each day between this session and the next RP session, have clients set aside a few minutes to reflect on their lives, focusing on the factors that produce the most stress. Clients can use their journals or pages 16 and 17 of their *Client's Treatment Companion* to write about five ways they reduce stress.



## Session 23: Managing Anger

### Goals of Session

- Help clients understand that anger can be an emotional trigger that leads to relapse.
- Help clients recognize when anger is building up.
- Help clients identify strategies to address anger positively.

### Handout

- RP 23—Managing Anger

### Presentation of Topic (15 minutes)

#### *1. Understanding How Anger Can Lead to Relapse*

For many people, substance use is a way to cope with feelings that are uncomfortable. When faced with a troubling emotion, such as anger, people often choose not to cope with it and turn to substance use instead. Clients in recovery no longer can turn to drugs and alcohol for a temporary escape from difficult emotions. However, these emotions still act as triggers for substance use. Once clients are in recovery, their refusal to come to terms with their troubling feelings can lead to relapse.

#### *2. Recognizing How Anger Builds Up*

People usually think of anger as a response to a person or an event. Someone makes a nasty remark or cuts you off in traffic, and this causes you to be angry. However, anger is not caused by people or events but is caused by how one thinks about them. If clients look for someone to blame when they feel angry, they can end up feeling victimized. This can lead to a downward spiral in which the more clients focus on being victims, the angrier they get.

#### *3. Exploring Ways To Understand and Manage Anger*

The following steps may help clients better understand and manage their anger:

- **Be honest with yourself.** Admit when you are experiencing anger.
- **Be aware of how your anger shows itself.** Physical sensations and patterns of behavior can help you recognize when you are angry.
- **Think about how anger affects others.** Being aware of anger's effects on those you care about might motivate you to minimize its effects in your life.
- **Identify and implement coping strategies.** Keep using strategies that have always worked, and find new ones that may be useful.

## **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 23—Managing Anger.
- Ask clients to discuss times when they have felt victimized. How did they break out of the cycle of anger and victimization?
- Ask clients to discuss the physical and behavioral clues that let them know they are angry. Why is it important to be aware of anger?
- Ask clients about the advantages of speaking their mind when they are angry, as opposed to bottling up their anger. What are the potential disadvantages to speaking up?
- Ask clients what it means when someone is passive–aggressive. What types of behaviors are typical of this response? Why is this an unhealthy way to manage anger?
- Ask clients what strategies for coping with anger have worked for them in the past. What new strategies might be helpful?
- Ask the recovering co-leader to share his or her experiences with anger in recovery.

## **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Have clients identify one new strategy for coping with anger and write the benefits of the strategy.

## Session 24: Acceptance

### Goals of Session

- Help clients understand that accepting their substance use disorder is the first step in gaining control of their lives.
- Help clients understand that accepting their substance use disorder is not a sign of weakness.
- Help clients identify sources of strength to draw on.

### Handout

- RP 24—Acceptance

### Presentation of Topic (15 minutes)

#### *1. Accepting the Power of Substance Dependence*

Clients confront a paradox when admitting and accepting the power of their substance use disorder. Remaining abstinent and in recovery will require that clients be smart and strong. Before they can get to the point where their recovery is underway, clients must admit that substance dependence is stronger than they are and that it controls their lives. Even though it may seem counterintuitive to clients, especially those who have made attempts to stop using on their own without the benefit of treatment or support groups, surrendering control is the first step to reclaiming control. Clients who have attended 12-Step meetings may be familiar with this idea because it constitutes the first of the 12 Steps.

#### *2. Understanding That People Have Limits and That Some Things Are Beyond Their Control*

It is normal for clients not to recognize the extent of their substance use disorder. Knowing that they are substance dependent, in part, because their bodies now have a chemical need for drugs may help some clients accept that their problem is beyond their control. In this sense, substance use disorders are much like any other chronic medical disorder, such as diabetes or heart disease. There is no shame in admitting the need for help, just as there is no shame in admitting the need for insulin by people who have diabetes. This is not to say that their substance dependence is out of clients' hands. Clients need to take responsibility for their actions, but the first step in that process is admitting that they cannot stop using substances on their own.

#### *3. Identifying Sources of Support and Strength*

Clients should be aware that admitting and accepting that they have a problem is not something they do only once at the beginning of treatment. Even people who have been in recovery for months can let down their guard and begin to think they are stronger than the substance dependence that brought them to treatment in the first place. (In fact, clients who are several weeks into recovery often feel that they are "cured." This often happens during the Honeymoon stage of recovery, as discussed in Early Recovery Skills session 5.)

Because acceptance can be an ongoing problem throughout recovery, clients need sources of strength they can draw on to help them stay abstinent. The fellow members of 12-Step, mutual-help, or spiritually

oriented programs can be a strong support during recovery. Clients should find a meeting group they are comfortable with and attend regularly. Friends and loved ones also can provide needed support.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 24—Acceptance.
- Ask clients to discuss their experiences with trying to stop using substances before they entered treatment. Did they try to “just say no”? Were some clients practicing “white-knuckle sobriety,” just hanging on for dear life?
- Ask clients whether they have accepted their substance dependence. How did their approach to abstinence and recovery change once they accepted their problem?
- Ask the recovering co-leader to discuss the negative effects of his or her substance use.
- Some clients may have heard that it is necessary to “hit bottom” before they can begin recovery. Tell clients that studies indicate that “hitting bottom” is not correlated with success in recovery.
- Ask the recovering co-leader to discuss the paradox of surrendering control to take back control of his or her life. Have clients discuss this paradox as well.
- Introduce the idea that substance dependence can be thought of as a disorder just like other chronic medical disorders. Discuss with clients whether this concept makes them feel less guilt and shame.
- Ask the recovering co-leader to share the supports and sources of strength that helped him or her during early recovery. What sources of strength can clients draw on to help them stay abstinent and in recovery?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients make a list of at least three sources of strength and support on which they can draw during recovery.

## Session 25: Making New Friends

### Goals of Session

- Help clients understand the need to surround themselves with supportive, abstinent friends.
- Help clients learn how to determine whether people they meet will be appropriate friends.
- Help clients explore new places and ways to meet people and make friends.

### Handout

- RP 25—Making New Friends

### Presentation of Topic (15 minutes)

#### *1. Understanding the Important Role Friends Play in Recovery*

Sometimes when clients enter treatment, they expect to stop using substances but maintain old friendships with people who still use. Clients who are serious about living a substance-free life will need to find new friends who can be supportive of their recovery. Relationships with friends help shape individuals. Being around people who are committed to recovery and people whose lives are balanced and fulfilling has a positive effect on clients, especially those who are new to abstinence and recovery. Perhaps the most important role friends can play for clients in recovery is to be a resource for support and strength. However, clients also rely on friends for fun activities that are an important part of recovery.

#### *2. Recognizing That Behavior Change May Be Necessary for Clients To Make New Friends*

Friendships are built on common interests. Many clients entering treatment will have had friendships that were based primarily on substance use. Some clients' social skills for making new friends might be rusty. Clients who are reluctant to seek out new friendships will gain confidence and self-assurance as their recovery progresses. The counselor should remind clients that friendship is a two-way street. In addition to looking for support from friends, clients can benefit from being a good friend to others in recovery or to new people they meet.

#### *3. Exploring New Places and Ways To Meet People and Make Friends*

The counselor should encourage clients to attend 12-Step, mutual-help, or spiritually oriented meetings; try to make abstinent friends; and find a sponsor. Clients also should be encouraged to resume old hobbies or activities that they allowed to languish or explore new interests. Taking a class, joining a club or a gym, and volunteering are good ways to meet people with whom clients can form meaningful friendships. The counselor should remind clients that personal friendships and business dealings with other clients in group are not recommended, especially early in recovery.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The

handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 25—Making New Friends.
- Ask clients whether they have friends from before they entered treatment who will be good friends to keep now that they are in recovery. What qualities do these friends have?
- Ask clients how the friends they used substances with affected their lives.
- Ask clients whether they have spoken with friends with whom they used to use substances. What have they talked about? Have clients severed these friendships? Tried to maintain them?
- Ask the recovering co-leader to share his or her experience with friends during the transition from using to recovery. Did any of the former friendships last?
- Ask clients how they met new people and made friends while they were abusing substances. Will they be able to meet new nonusing friends in the same ways?
- Ask clients what qualities they look for in a good friend. What role do acquaintances play in clients' lives? How is this different from the role friends play?
- Ask the recovering co-leader to discuss personal changes he or she made to find new friends after entering treatment.
- Have clients discuss ways to meet new friends.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients identify three things (other than attending 12-Step or mutual-help meetings) that will help them meet new friends.

## Session 26: Repairing Relationships

### Goals of Session

- Help clients understand the need to repair relationships by making amends.
- Help clients understand that making amends must go beyond stopping substance use.
- Help clients prepare to address people who refuse to forgive.

### Handout

- RP 26—Repairing Relationships

### Presentation of Topic (15 minutes)

#### *1. Acknowledging Past Behaviors for Which Amends Should Be Made*

As discussed in RP session 24, clients first must admit to themselves that they have a substance use disorder and that it has control over their lives. Another aspect of recovery is clients' acknowledgment that they have hurt the people close to them because of their substance abuse. In addition to clients' being honest with themselves about the hurt they have done to others, clients must rebuild the relationships that were broken as a result of their substance abuse. Clients who have attended 12-Step meetings may be familiar with the process of acknowledging that amends must be made; this process constitutes Step 8 of the 12 Steps.

#### *2. Exploring Ways To Make Amends and Repair Relationships*

Stopping substance use, entering treatment, and staying abstinent are difficult. Some clients may feel that by accomplishing these things they have done enough work toward repairing their damaged relationships. By themselves, these things are not sufficient. Clients must speak with the people they have wronged, acknowledge the harm they caused, and explain that they have entered treatment and are in recovery. For some people, clients' taking responsibility for the harm they have caused will be enough to repair past damage. Others may not be so quick to forgive. Clients may have to work with the people they have hurt to restore relationships. As discussed in RP session 12, restoring trust can be an arduous process.

#### *3. Forgiving Oneself and Others*

The damage done to relationships by substance use disorders is not a one-way street. Friends and loved ones do hurtful things to the person who is abusing substances, too. Clients should be prepared to forgive people who have hurt them, even if the people are not ready to acknowledge the hurt or apologize for it. Clients should work to let go of grudges and resentment; bitterness is a dangerous emotion (like anger) that can act as a trigger for relapse. To leave bitterness behind, clients must be able to forgive themselves for their past behaviors. They cannot change the past; once they have entered treatment, made amends, and resolved not to make the same mistakes again, clients have done all they can do to address past mistakes.



## Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 26—Repairing Relationships.
- Ask clients to whom they need to make amends.
- Ask clients what they need to make amends for.
- Ask clients to discuss the difference between apologizing and making amends.
- Ask clients how they plan to handle a situation where someone is still angry and refuses to forgive them.
- Ask the recovering co-leader to share his or her experience with going to people to make amends. How did the co-leader handle people who refused to forgive and accept him or her?
- Ask clients how they are prepared to make amends. Beyond apologizing, what else might they have to do to repair relationships?
- Ask the recovering co-leader to share the various ways he or she went about making amends.

## Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## Homework

Have clients list one person to whom they need to make amends and the measures they will take to repair the relationship. Clients can use their journals or pages 18 and 19 of their *Client's Treatment Companion*.

## Session 27: Serenity Prayer

### Goals of Session

- Help clients understand the importance of distinguishing between things that can be changed and those that cannot.
- Help clients understand that the Serenity Prayer is not strictly religious and is applicable in many situations.
- Help clients identify things that they can change.

### Handout

- RP 27—Serenity Prayer

### Presentation of Topic (15 minutes)

#### *1. Distinguishing Things That Can Be Changed From Those That Cannot*

Making distinctions between what can be changed and what cannot is a critical skill for clients in recovery. If clients are unsuccessful at making these distinctions, they can experience frustration, anger, and increased stress that make them more vulnerable to relapse. Staying abstinent and progressing in recovery demand clients' full attention; clients do not have time or energy for worrying about things over which they have no control. The counselor should take clients through some specific scenarios and have clients discuss and evaluate whether they can change the situations and how they should respond. For example:

- A client is stuck in traffic and is late for an appointment.
- The grocery store is out of a key ingredient a client needs to make a special dish.
- A client's boss reprimands him for being late to work.
- A client's partner still does not trust her, even though she has been abstinent for months.

#### *2. Understanding What Serenity Means in the Context of Recovery*

The Serenity Prayer was popularized by Alcoholics Anonymous (AA). (A version of the 12 Steps, adapted for people who are recovering from stimulant use, is available at [www.crystalmeth.org](http://www.crystalmeth.org).) Like 12-Step programs, the Serenity Prayer has specific religious overtones: the first word in the saying is God. Prayer provides many people with inner calm, but the serenity that is beneficial to recovery can be achieved through other means, such as meditation or journal writing. Clients who are not religious or do not believe in God can benefit still from the principles in the Serenity Prayer. These clients can think of the prayer as a poem or a wise saying. Every aspect of the Matrix method or 12-Step meetings may not be useful to clients. The counselor should encourage clients to take what they can use and leave the rest. In other words, clients should accept the wisdom of this saying even if its form is not to their liking.

#### *3. Identifying Areas That Require Change*

Achieving the inner peace mentioned in the Serenity Prayer requires not only the ability to set aside those things that clients cannot change but also the commitment to work on those things that they can

change. The important aspects of clients' lives are things that will support them in recovery. Relationships with friends and family can be a powerful source of strength during recovery. Often, relationships can be improved and are worth repairing. The counselor should help clients identify other areas of their lives that are both important to recovery and capable of being changed.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 27—Serenity Prayer.
- Ask clients to discuss what this saying means to them.
- The name of this saying focuses on serenity, but courage and wisdom also are mentioned in the saying. Ask clients how courage and wisdom are part of recovery. How do courage and wisdom contribute to serenity?
- Ask clients whether they are troubled by the fact that, according to the saying, God provides serenity. Can clients appreciate the saying even if they are not religious or do not believe in God?
- Ask the recovering co-leader to discuss his or her understanding of the Serenity Prayer. Did the co-leader struggle with the religious aspects of the saying? Was the idea of a higher power comforting and helpful?
- Have clients discuss the things in their lives that they cannot change. How do they identify these things?
- Ask clients what things in their lives should be changed. What steps are they taking to make those changes?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Ask clients to identify one thing about their lives that they can change and that would help strengthen their recovery. Have clients list the steps they will take to make that change.

## Session 28: Compulsive Behaviors

### Goals of Session

- Help clients understand what compulsive behaviors are and how compulsive behaviors other than substance abuse can affect recovery negatively.
- Help clients understand the dangers of abstinence violation syndrome.
- Help clients recognize and eliminate compulsive behaviors.

### Handout

- RP 28—Compulsive Behaviors

### Presentation of Topic (15 minutes)

#### *1. Getting Life Under Control by Eliminating Compulsive Behaviors*

The counselor should define “compulsive behaviors” as irrational or destructive actions people take in response to irresistible impulses.

As clients used stimulants and became more dependent on them, what started out as a casual practice—something they did when they were at a party or with certain friends—progressed to compulsive use. Now that clients are abstinent and in recovery, they may be replacing their compulsive stimulant use with other compulsive behaviors. Signs of compulsion include overindulging in food, tobacco, caffeinated sodas and coffee, sweets, exercise, work, and masturbation. Gambling, spending a lot of money, and abusing drugs other than stimulants also may be compulsive behaviors. It is important for clients to eliminate compulsive behaviors from their lives. As long as some aspect of their life is out of control, it is easy for clients to slip back into the out-of-control use of stimulants.

Some clients may need help beyond the scope of substance abuse treatment to address compulsive behaviors (e.g., eating disorders, gambling addictions). The counselor should be alert for clients who need more help and refer them for additional treatment.

#### *2. Understanding How Abstinence Violation Syndrome Can Derail Recovery*

Clients can feel as if they are walking a narrow path when they are in recovery. For some clients, as long as everything in their recovery goes according to plan, they are fine. But if they make even one small misstep, they can feel that they have fallen off the recovery path. This pattern of thinking is called abstinence violation syndrome, and it is dangerous. By this strict logic, even a small slip-up is the equivalent of using again. A client who skips his regular evening swim may end up relapsing because in his mind he already has ruined his recovery. Clients need to understand that no one's recovery happens “perfectly”; making a mistake does not mean that all is lost and that using drugs again is inevitable.

#### *3. Balancing Lifestyle Change With a Healthful and Successful Recovery*

Clients may have different approaches to the goal of eliminating compulsive behaviors from their lives. Some people find that it is easier to make sweeping changes all at once. They figure they already are girding themselves to do something difficult, so they might as well tackle all their compulsive behaviors

at once. Other people need to make changes gradually, one or two at a time. For them, the thought of trying to eliminate all their compulsive behaviors at once is overwhelming. Clients need to work toward the goal of eliminating their compulsive behaviors in a way that is comfortable for them and allows them to keep their lives and recovery in balance.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 28—Compulsive Behaviors.
- Ensure that clients understand what it means to act compulsively and what compulsive behaviors are.
- Ask clients to discuss their compulsive behaviors. Did clients find themselves engaging in more compulsive behaviors when they became abstinent?
- Ask clients what steps they have taken to eliminate compulsive behaviors. How much success have they had? What approach are they using? Are they tackling all behaviors at once or one or two at a time?
- Ask the recovering co-leader to discuss his or her experiences with abstinence violation syndrome.
- Small things go wrong during recovery. Ask clients to discuss their attitude toward small slip-ups. Encourage clients to put small missteps in perspective. If they are overly rigid in their approach to recovery, they may overreact—and relapse—because of a minor problem.
- Ask clients to discuss relapse prevention techniques they have learned about. If clients are new to recovery, make sure they understand the necessity to avoid triggers, practice thought stopping, and use scheduling.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients choose one of the relapse prevention strategies on handout RP 28 that they think will work best for them. Have them describe when and how they will put this strategy into action.

## Session 29: Coping With Feelings and Depression

### Goals of Session

- Help clients recognize and understand their emotional responses.
- Help clients recognize signs of depression.
- Help clients explore strategies for coping with emotions and depression.

### Handout

- RP 29—Coping With Feelings and Depression

### Presentation of Topic (15 minutes)

#### 1. *Understanding Emotional Patterns in Recovery*

It is important for people in recovery to be able to recognize and understand their emotional responses. Accustomed to experiencing emotions that make them uncomfortable (e.g., shame, anger, sadness), some clients may have ceased to be honest with themselves about what they are feeling. Until clients can label their feelings accurately, they cannot address feelings that may build up and cause problems. Even if clients experience negative or painful emotions, it is important that they acknowledge these feelings. The counselor should remind clients that there is nothing wrong with having these feelings; clients still can choose *not* to act on emotions that trouble them.

Clients also can gain a better understanding of their feelings by looking for patterns in how they respond to situations and to people. Are clients more susceptible to some feelings than others? Do certain situations always make clients depressed? Do certain people always make clients angry?

#### 2. *Understanding the Importance of Identifying and Addressing Depression*

People in recovery often experience bouts of depression. For some clients, this is just a normal part of the recovery process. They become depressed right after becoming abstinent or several months into recovery (during the period known as the Wall). If these clients stay abstinent and keep their recovery on track, the depressive symptoms should abate. In other clients, however, stimulant use had masked symptoms of a depressive disorder that is laid bare once they are abstinent. The counselor should be alert for clients with symptoms of depression that do not improve and ensure that these clients receive proper evaluation and treatment.

Counselors may find the following resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) helpful:

- Treatment Improvement Protocol 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders* (CSAT 2005a)
- SAMHSA's Web site on Populations With Co-Occurring Substance Use and Mental Disorders ([www.samhsa.gov/Matrix/matrix\\_cooc.aspx](http://www.samhsa.gov/Matrix/matrix_cooc.aspx))
- SAMHSA's Co-Occurring Center for Excellence ([coce.samhsa.gov](http://coce.samhsa.gov))

### 3. Using Coping Strategies To Manage Emotions and Depression

Many of the best ways to address symptoms of depression coincide with strategies clients already should be using to prevent relapse. It is especially important for clients to reach out to supportive friends and family if they are feeling depressed. Talking to a counselor or a physician also is a good idea. Activities that get clients out of the house and force them to interact with other people also are a good way to cope with depression. Exercise can stabilize the body's rhythms, allowing clients to return to more regular patterns of eating and sleeping. Exercise also can help alleviate symptoms of depression that occur during the Wall.

However, when these steps do not help mitigate a client's depression, the counselor should consider whether the client is experiencing clinical depression and should be referred for more intensive treatment. The counselor should follow up immediately with clients who are suspected of being clinically depressed.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 29—Coping With Feelings and Depression.
- Ask clients whether they are being honest with themselves about their feelings. Do they feel that there are some feelings that are off-limits?
- Encourage clients to accept the emotions that they experience. If clients feel that some emotions are off-limits, ask them why they feel this way.
- Ask clients whether they notice patterns in their feelings. Do they often feel angry? Sad? Bitter? If so, what are these emotions in response to?
- Ask the recovering co-leader to share his or her experiences with depressive episodes in recovery. Did the depressive feelings abate after the Wall?
- Ask clients whether they have been through depressive episodes before. How do they recognize them?
- Ask clients whether they feel depressed now. What symptoms are they experiencing?
- Ask clients to share strategies that have helped them cope with periods of depression.

### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.



Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

## **Homework**

Have clients write down three responses, other than the ones listed on the handout, that they can use to combat depression.

## Session 30: 12-Step and Mutual-Help Programs

### Goals of Session

- Help clients understand how 12-Step and mutual-help programs can support recovery.
- Help clients realize the many benefits from 12-Step and mutual-help programs.
- Help clients understand the breadth of 12-Step and mutual-help programs available.

### Handout

- RP 30—12-Step Programs

### Presentation of Topic (15 minutes)

#### *1. Understanding the Basics of 12-Step Groups (e.g., what meetings are like, how to find a meeting)*

Some clients will be familiar with AA and other 12-Step groups. The counselor should take time to walk clients through the rudiments of 12-Step group participation. Professional substance abuse treatment combined with 12-Step participation is one of the most effective interventions for substance dependence. These components are very important to recovery; clients should be given every opportunity to understand and become comfortable with 12-Step programs. Important points to cover include the following:

- **Meeting format.** Meetings are held throughout the day and evening and usually last 1 hour, with time before and after for socializing. The counselor should provide clients with a list of local meetings and contact information.
- **Participant-specific meetings.** Large communities may have special group meetings (e.g., for doctors, lawyers, members of other professions, people with mental disorders; gender-specific meetings; meetings based on participants' sexual orientation). Some communities have meetings especially for people in recovery from methamphetamine use. (See [www.crystallmeth.org](http://www.crystallmeth.org) to access a list of communities that have methamphetamine-specific meetings.)
- **Types of meetings.** The content of some meetings has a special focus:
  - ♦ Speaker meetings feature a person in recovery telling his or her story of drug and alcohol use and recovery.
  - ♦ Topic meetings have a discussion on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced.
  - ♦ Step/Tradition meetings are special meetings where the 12 Steps and 12 Traditions are discussed.
  - ♦ Book study meetings focus on reading a chapter from the main text of the 12-Step group. (For AA, this is the Big Book; for Narcotics Anonymous [NA], the Basic Text.) Book study meetings often focus on someone's experience or a recovery-related topic.

Clients should visit different meetings until they find a group they like. Not every aspect of a meeting or a particular discussion will be useful. But clients should strive to find a group they can attend regularly and try to learn something that will strengthen their recovery each time they go to a meeting.

## *2. Understanding the Social and Emotional Support Available Through 12-Step Attendance*

Twelve-Step groups consist of people with the same problem working together to help one another. The group process reminds clients that they are not alone and provides them the opportunity to make abstinent friends and begin to build a support network. Clients can receive guidance and encouragement from others who have been in recovery longer than they have.

## *3. Exploring Alternatives to 12-Step Programs*

Twelve-Step programs such as AA, Cocaine Anonymous, and NA are the most prevalent groups available. But they may not be for everyone. Crystal Meth Anonymous is a 12-Step group that provides fellowship and support for people in recovery from methamphetamine use (see [www.crystalmeth.org](http://www.crystalmeth.org)). The counselor should research local options to 12-Step programs and expose clients to other types of recovery support in addition to 12-Step programs, such as mutual-help groups. (In small communities, a 12-Step meeting may be clients' only option.) Even groups that do not adhere to 12-Step principles offer the fellowship and support that are crucial to recovery. The counselor may want to discuss the alternatives to traditional 12-Step meetings listed on pages 33 and 34.

The counselor also may want to devote some time to describing the various support programs for families of clients (e.g., Nar-Anon, Al-Anon, Alateen).

## **Handout and Focused Discussion (45 minutes)**

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 30—12-Step Programs.
- Take care to respect group members who are reluctant to attend 12-Step meetings; ensure that they do not feel coerced to attend 12-Step meetings.
- Ask clients whether they have participated in 12-Step or any of the other groups mentioned above. Ask clients who have participated to describe the ways in which attending meetings helped them.
- Ask clients whether they attend any special-focus meetings that they find helpful.
- Ask the recovering co-leader to discuss any reservations or difficulties that he or she had with attending 12-Step meetings when first starting in recovery.
- Ask clients to discuss the spiritual dimensions of 12-Step meetings. Do they find comfort in the notion of a higher power?

- Ask clients whether they are troubled by the references to a higher power in 12-Step meetings. If so, how do they reconcile those objections with continued attendance?
- Ask clients whether they have attended mutual-help or spiritually oriented meetings. If so, ask them to describe their experiences.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients attend a 12-Step or mutual-help meeting and write down five benefits from the meeting.

## Session 31: Looking Forward; Managing Downtime

### Goals of Session

- Help clients appreciate the risks of boredom as a relapse trigger.
- Help clients understand the benefits of planning rewards and downtime.
- Help clients explore different ways to break the monotony of recovery.

### Handout

- RP 31—Looking Forward; Managing Downtime

### Presentation of Topic (15 minutes)

#### *1. Understanding That Boredom Can Be a Relapse Trigger*

It is normal for clients to feel bored, listless, and unexcited during recovery. This boredom may be caused by chemical changes that are part of the brain's healing. It also may be a function of the rigid structure of recovery. Although the structure of recovery is necessary, the boredom that it can breed acts as a relapse trigger for many clients; using was the way many clients filled their free time and made their lives more interesting. In addition, clients who are bored may lack the mental energy to maintain a smart and strong recovery. It is necessary for clients to fight through their feelings of boredom to keep their recovery on track.

#### *2. Understanding the Benefits of Breaking Recovery Into Manageable Chunks of Time*

One way for clients to combat the routine nature of recovery is to plan little rewards for themselves every couple of weeks. These rewards need not be large purchases or big events. In fact, it is better if clients think of small things that they enjoy but that still constitute a special treat (e.g., eating a favorite meal, buying a new CD, taking a day trip). The rewards should be things that clients can look forward to and that will pull them through the dreary parts of recovery. It also is important that the rewards not disrupt recovery. For example, leaving town for more than a few days would not be a good idea during treatment. Clients can think of these rewards as extensions of the marking progress activity from the Early Recovery Skills sessions. Both components are exercises in breaking the sameness of recovery into smaller periods that are punctuated by rewards.

#### *3. Exploring Ways To Enhance Recovery by Planning Activities and Structuring Downtime*

In addition to occasional rewards such as rest and fun, clients may need more frequent breaks from the predictability of the recovery routine. For most clients, relaxing from the stress of everyday life used to involve substance use. Now that they are in recovery, many clients need to find new ways to unwind or to cope with the stress of their lives. Physical activity is an excellent way for clients to relax. Exercise is known to reduce stress levels. When clients exercise, they also boost their self-esteem and help ameliorate any remaining physical symptoms from stopping substance use. Exercise need not be vigorous—just consistent; walking or bicycling several times a week is good exercise during recovery.

Activities that involve clients' minds are important, too. Starting a new hobby or picking up an old interest is an excellent way to fight boredom. Clients might consider taking lessons or classes; learning something new (e.g., how to play a musical instrument or speak another language) orients clients toward the future. When clients become engaged in learning something or participating regularly in an activity, they make a commitment that supports their recovery.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 31—Looking Forward; Managing Downtime.
- Ask clients whether they have been experiencing boredom and emotional tedium. To what do they attribute these feelings?
- Ask clients what effect boredom has on their recovery. What do they do now to relieve daily boredom?
- Ask the recovering co-leader to discuss how he or she used the practice of building islands (from handout RP 31) to stay engaged in the recovery process.
- Ask clients what activities they can use as rewards to combat the routine nature of treatment and recovery.
- Ask clients how they know whether they need to relax. What physical or emotional signs tell them that they need some downtime?
- Ask clients to describe hobbies and activities that they have found relaxing and satisfying.
- Ask the recovering co-leader to discuss his or her experience using activities to combat boredom. To relieve stress, what does the co-leader do in place of substance use?

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients explain in detail one of their islands and one of the activities or hobbies they are going to pursue.

## Session 32: One Day at a Time

### Goals of Session

- Help clients avoid feeling overwhelmed by the past.
- Help clients understand that the past does not define the future.
- Help clients explore different strategies for focusing on the present.

### Handout

- RP 32—One Day at a Time

### Presentation of Topic (15 minutes)

#### *1. Avoiding Defeatist and Fatalistic Ideas About the Past*

When many clients enter treatment, their immediate past is characterized by failure. They can use little in their histories to build their self-confidence. Little in their experience convinces them that they can succeed in recovery. Paradoxically, once clients are in recovery, the process of clearing up problems from the past often leaves them overwhelmed and unable to face the present or the future optimistically. Negative feelings and a bleak outlook on the future add stress to clients' lives and increase the chances of relapse. The counselor needs to persuade clients that they are capable of making a break with their past behavior. As evidence that this is possible, the counselor can point to the fact that clients made the decision to enter treatment. They can build on this decision to make their future different from the past.

#### *2. Understanding That the Future Is Determined by the Individual, Not by Past Behavior*

Clients often feel that, because they have failed to stay abstinent in the past, they will fail to do so in the future. Although it is true that people often repeat past behavior, they do so by choice, for the most part. The mere fact that a client had quit using and then went back to stimulant use does not mean that the same thing will happen again. Clients decide whether they will be abstinent. Taking a smart approach to recovery helps clients succeed where before they did not.

The counselor should remind clients of the times in their lives when they decided to change their behavior and succeeded. For example, perhaps some clients altered their diet or gave up cursing. Most clients probably can identify some point in their lives when they made a decision to change their behavior and stuck with it.

The counselor also should be aware that some clients come to treatment with serious psychological problems other than substance use. These problems may be the result of significant trauma that has scarred clients. If the counselor notices serious psychological problems in clients, the counselor should refer the clients to a mental health professional for assessment.

#### *3. Exploring Strategies To Keep Recovery on Track by Focusing on the Present*

The phrase "One Day at a Time" comes from 12-Step programs and is useful for clients to bear in mind. Twelve-Step and mutual-help programs teach clients a new way to structure their experience so



that they are focused more on their immediate reality. Clients should strive to be less concerned about the past and less fretful about the future. The counselor might suggest exercise (especially repetitive exercise like walking, running, or swimming), meditation, or journal writing, but clients will know better than the counselor what practices and thoughts will help them focus more on the present.

### **Handout and Focused Discussion (45 minutes)**

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 32—One Day at a Time.
- Ask clients whether they let thoughts from the past affect their current behavior. What kind of thoughts about the past do they have?
- Ask clients whether they tend to focus on negative thoughts about the past. What positive aspects of their past could clients recall instead?
- Ask clients whether fears about the future overwhelm them. What fears do clients have about the future?
- Ask clients whether they find it hard to make changes in their lives. Can they point to a time when they made a change in their lives and stuck with it?
- Ask the recovering co-leader to share his or her experiences of letting go of past worries and future fears and focusing on the present.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients describe one activity that will help them focus more on the present and put it into practice before the next RP session.

## Elective Session A: Client Status Review

### Goals of Session

- Help clients see an overview of the many issues involved in their recovery.
- Help clients establish a pattern of regular self-review.

### Handout

- RP Elective A—Client Status Review

### Presentation of Topic (15 minutes)

#### *1. Understanding That Recovery Is a Dynamic Process That Must Be Actively Managed*

Recovery is a complicated process. Remaining abstinent is the most important part of recovery, but there is much more to recovery. As clients are going through treatment, it is important for them to realize that once the structure of daily group sessions is gone, they will need to manage the complicated process of recovery on their own. From the beginning of the Matrix intervention, clients have been encouraged to attend 12-Step or mutual-help meetings. By the time they leave treatment, all clients should be attending meetings and benefiting from the structure and support meetings provide. Clients also will have the support of their families, friends, and, for those who are in a 12-Step program, sponsors. But it will be up to clients to make daily decisions that influence their recovery and monitor how they are doing in the various aspects of recovery. Successful relapse prevention requires regular, frequent reviews of the broad spectrum of issues that are involved in recovery.

#### *2. Using Members of the Group To Explore Ways To Improve Recovery*

Clients should be encouraged to draw inspiration and take suggestions from other members of the group. A client who has been successful in a certain aspect of recovery should talk about the success so that the rest of the group can be encouraged and can use or adapt the client's strategies and approach. Clients should treat the group as a think tank of good ideas and approaches to recovery, taking the best ideas and applying them to their lives.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective A—Client Status Review.
- Ask clients to assess honestly their progress in the aspects of recovery listed on the handout. This type of self-review should become a regular part of clients' lives because it will help them remain abstinent.

- Ask clients whether they can discern patterns in their responses. Do some aspects of recovery come more easily for them? Why?
- Ask clients to focus on the areas with which they are most satisfied. Have them share their ideas on why they have been successful. Encourage each client to share at least one story of success along with the approach that led to the success.
- Ask clients what they can do to improve the areas with which they were unsatisfied.
- Ask the recovering co-leader to discuss how gleaning ideas and suggestions from other people in recovery has helped his or her recovery.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Ask clients to write down one of the ideas from the group discussion that they think will help them improve their recovery. Have them explain how they will implement this idea and how it will help them.

## Elective Session B: Holidays and Recovery

### Goals of Session

- Help clients understand that the added stress of holidays increases the risk of relapse.
- Help clients assess their level of holiday stress and identify ways to alleviate it.

### Handout

- RP Elective B—Holidays and Recovery

### Presentation of Topic (15 minutes)

#### *1. Understanding That Holidays Pose Particular Risks for Recovering Individuals*

The counselor should consider using this session before a major holiday. The weeks around Christmas and New Year's Day can be a particularly troublesome time, but the Fourth of July, Memorial Day, Labor Day, and other holidays also feature celebrations and parties that put clients at increased risk of relapse. Holidays come with increased stressors, such as hectic schedules, travel, and increased spending. In addition, many people experience intense emotional swings during the holidays—either joyous or depressed. In this environment, faced with increased triggers, clients find it easier to relapse.

#### *2. Understanding the Importance of Scheduling and Planning To Avoid Triggers*

Clients experience disruptions in the normal routine of recovery during holidays. They may be away from home, find themselves with more unstructured time, and have difficulty going to meetings. As a holiday nears, clients need to be aware of the added risks and make plans that will help them avoid triggers. If clients have gotten away from the practice of scheduling their activities, they should reinstitute the practice as a holiday approaches. If clients know they will be out of town, they should make arrangements to keep up the activities that have been preventing them from relapsing. This may mean locating a 12-Step meeting in the town they are visiting, scheduling phone calls with their sponsor, being sure they can get some exercise, or setting aside some time for meditation or journal writing.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective B—Holidays and Recovery.
- Ask clients whether holidays are stressful times for them. How can holidays affect their recovery?
- Ask clients whether they have tried to remain abstinent through holidays, for example Christmas and New Year's. What additional stressors did they face during holidays?

- New Year's Eve can be an especially troubling holiday for people in recovery. People are expected to be festive, to drink alcohol, and to assess the previous year—all of which can be stressful for people in recovery. Ask clients how they plan to cope with the added stress of New Year's Eve this year.
- Ask clients about the specific risks posed by holidays.
- Ask the recovering co-leader to discuss his or her experience with planning and scheduling to keep recovery on track during holidays.

### **Open Discussion (30 minutes)**

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### **Homework**

Have clients select the holiday that is most stressful for them or think about the next holiday. Have them write a plan for how they will avoid relapse during this time.

## Elective Session C: Recreational Activities

### Goals of Session

- Help clients understand the importance of introducing new activities into their lives.
- Help clients understand that new activities and old pursuits may not feel like fun right away.

### Handout

- RP Elective C—Recreational Activities

### Presentation of Topic (15 minutes)

#### *1. Understanding the Role Activities and Hobbies Play in Recovery*

Activities and hobbies are important during recovery for several reasons. Any interest clients take up helps orient them toward the future. The whole notion of *pursuing* a hobby or an activity suggests that clients are involved in a process that stretches out in front of them. In this way, the activities that clients choose help them reengage in their lives and enhance their commitment to recovery.

Physical exercise helps the body and mind get over lingering effects of substance use, relieves stress, and bolsters clients' self-esteem. Taking a class, joining a club, or volunteering helps clients meet people who share their interests and builds a repertoire of interests and activities that do not focus on substance use.

#### *2. Finding Activities That Are Stimulating and Engaging May Take Patience*

As clients resume old activities or pick up new ones, they should not be surprised if the activities are not rewarding immediately. Their motivation at the beginning of an activity should be to strengthen their recovery. As they become involved in activities over time, clients will enjoy them more. The counselor should encourage clients to look on recovery as a fresh opportunity. Now that they are not spending time, energy, and money supporting their substance use, clients can explore and develop interests that they have been putting off or that seemed beyond their reach.

### Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective C—Recreational Activities.
- Ask clients what activities they would like to pursue now that they are abstinent and in recovery. Clients should be encouraged to imagine and describe a lot of different activities, helping one another think of fun and involving interests to pursue. It is important to note here that personal

friendships among clients in the group are not encouraged. The counselor may want to discourage clients from making arrangements to pursue activities with people who have been abstinent for less time than they have.

- Ask clients about former hobbies they used to enjoy. What were the benefits of those activities? How did they enrich clients' lives?
- Ask clients whether they have begun new activities or resumed old hobbies. How has their recovery been affected?
- Ask clients whether they have begun exercising since entering treatment. How has their recovery been affected?
- Ask the recovering co-leader to discuss the role that exercise, interests, and hobbies played in his or her recovery. How has the co-leader used these activities to help him or her avoid triggers and prevent relapse?

### Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

### Homework

Have clients list five new activities they have pursued or want to pursue to help them avoid triggers and prevent relapse. Clients can use their journals or pages 20 and 21 of their *Client's Treatment Companion*.

## Handouts for Relapse Prevention Group Sessions

The handouts that follow are to be used by clients with the counselor's guidance. The handouts will help clients make the most of the 32 RP sessions.